

EXHIBIT

I

FOLDER 3

Pt. 2

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 7/14/08 To 7/20/08

Paint Area

COMPLIANCE / NONCOMPLIANCE *
(check as appropriate)

<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert V. F. Bruggen 8/13/08
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 7/21/02 To 7/27/08

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)
_____	<u>✓</u> _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert J. Buzza 8/13/08
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 7/28/08 To 7/31/08

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor.
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert M. Sabry 8/13/08
Signature of Principal Officer or Authorized Agent / Date

**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

**DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)**

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

NAME: Omega Protein - Reedville
ADDRESS: PO Box 175
Reedville, VA 22539

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

FACILITY LOCATION: 610 Menhaden Rd

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	2008	08	01		2008	08	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM					
FLOW	REPORTD	3.604	4.254	MGD	*****	*****	*****		0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			CONT	EST	
PH	REPORTD	*****	*****		7.02	*****	8.36	SU	0	3D/W	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			3D/W	GRAB	
BOD5	REPORTD	145.0	346.9	KG/D	*****	*****	*****		0	3D/W	24HC	
PARAM CODE: 003	REQRMNT	1700	3100		*****	*****	*****			3D/W	24HC	
TSS	REPORTD	93.6	153.0	KG/D	*****	*****	*****		0	3D/W	24HC	
PARAM CODE: 004	REQRMNT	650	1600		*****	*****	*****			3D/W	24HC	
CL2, TOTAL	REPORTD	*****	*****		*****	NR	NR	UG/L				
PARAM CODE: 005	REQRMNT	*****	*****		*****	580	1200			1/DAY	GRAB	
PHOSPHORUS, TOTAL (AS P)	REPORTD	1.58	*****	KG/D	*****	0.11	*****	MG/L	0	1/W	24HC	
PARAM CODE: 012	REQRMNT	23	*****		*****	2.0	*****			1/W	24HC	
CYANIDE, TOTAL (AS CN)	REPORTD	*****	*****		*****	<QL	<QL	UG/L	0	2/M	GRAB	
PARAM CODE: 018	REQRMNT	*****	*****		*****	96	110			2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: Due to weather conditions on the Bay at the end of the month and the early termination of fishing in preparation for Tropical Storm Hanna; Chesapeake Bay Refrigeration Water Discharge monitoring (Part 1 B 3) was not conducted in August. We did, however, conduct the monitoring at the soonest opportunity thereafter. Samples were taken on September 3rd. Due to the time span necessary for the 5 day BOD, results are not yet available. These will be submitted separately when received.

PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE				
	0	0	0	Theodore Schultz 1911004868				
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER		
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211	
				TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO.	DAY

Page 1

**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

FACILITY LOCATION 610 Menhaden Rd

YEAR	MO	DAY	TO	YEAR	MO	DAY
2008	08	01		2008	08	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
AMMONIA, AS N	REPORTD	*****	*****		*****	4.12	7.62	0	2/M	24HC	
PARAM CODE: 039	REQRMNT	*****	*****		*****	NL	NL		2/M	24HC	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	39.9	0	1/DAY	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	*****	50		1/DAY	IS	
OIL & GREASE	REPORTD	<QL	<QL	KG/D	*****	*****	*****	0	3D/W	GRAB	
PARAM CODE: 500	REQRMNT	370	680		*****	*****	*****		3D/W	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: Due to weather conditions on the Bay at the end of the month and the early termination of fishing in preparation for Tropical Storm Hanna, Chesapeake Bay Refrigeration Water Discharge monitoring (Part 1 B 3) was not conducted in August. We did, however, conduct the monitoring at the soonest opportunity thereafter. Samples were taken on September 3rd. Due to the time span necessary for the 5 day BOD, results are not yet available. These will be submitted separately when received.

PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		
	0	0	0	Theodore Schultz 1911004868		
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE
				TYPED OR PRINTED NAME		SIGNATURE
				YEAR		MO.

Page 2

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

FACILITY LOCATION 610 Menhaden Rd

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2008	08	01	2008	08	31

FROM TO

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM					
FLOW	REPORTD	0.161	0.226	MGD	*****	*****	*****		0	CONT	MEAS	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****		0	CONT	MEAS	
PH	REPORTD	*****	*****		7.55	*****	7.97	SU	0	2D/W	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0		0	2D/W	GRAB	
BOD5	REPORTD	9.85	13.7	KG/D	*****	*****	*****		0	2/M	24HC	
PARAM CODE: 003	REQRMNT	470	840		*****	*****	*****		0	2/M	24HC	
TSS	REPORTD	14.8	19.4	KG/D	*****	*****	*****		0	2/M	24HC	
PARAM CODE: 004	REQRMNT	160	410		*****	*****	*****		0	2/M	24HC	
COLIFORM, FECAL	REPORTD	*****	*****		*****	222	*****	N/CML	0	1/W	GRAB	
PARAM CODE: 006	REQRMNT	*****	*****		*****	NL	*****		0	1/W	GRAB	
PHOSPHORUS, TOTAL (AS P)	REPORTD	0.85	*****	KG/D	*****	1.67	*****	MG/L	0	1/W	24HC	
PARAM CODE: 012	REQRMNT	NL	*****		*****	NL	*****		0	1/W	24HC	
AMMONIA, AS N	REPORTD	*****	*****		*****	16.1	18.3	MG/L	0	2/M	24HC	
PARAM CODE: 039	REQRMNT	*****	*****		*****	38	45		0	2/M	24HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: Due to weather conditions on the Bay at the end of the month and the early termination of fishing in preparation for Tropical Storm Hanna; Chesapeake Bay Refrigeration Water Discharge monitoring (Part 1 B 3) was not conducted in August. We did, however, conduct the monitoring at the soonest opportunity thereafter. Samples were taken on September 3rd. Due to the time span necessary for the 5 day BOD, results are not yet available. These will be submitted separately when received.

PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
	0	0	0	Theodore Schultz		1911004868	
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211
				TYPED OR PRINTED NAME		SIGNATURE	YEAR MO DAY

Page 3

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

FACILITY LOCATION 610 Menhaden Rd

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2008	08	01		2008	08	31

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	26.8	30.3	0	2D/W	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL		2D/W	IS	
ENTEROCOCCI	REPORTD	*****	*****		*****	1709	*****	0	1/W	GRAB	
PARAM CODE: 140	REQRMNT	*****	*****		*****	NL	*****		1/W	GRAB	
OIL & GREASE	REPORTD	<QL	<QL	KG/D	*****	*****	*****	0	2/M	GRAB	
PARAM CODE: 500	REQRMNT	25	46		*****	*****	*****		2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: Due to weather conditions on the Bay at the end of the month and the early termination of fishing in preparation for Tropical Storm Hanna; Chesapeake Bay Refrigeration Water Discharge monitoring (Part 1 B 3) was not conducted in August. We did, however, conduct the monitoring at the soonest opportunity thereafter. Samples were taken on September 3rd. Due to the time span necessary for the 5 day BOD, results are not yet available. These will be submitted separately when received.
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		
0	0	0	0	Theodore Schultz		
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE
				TYPED OR PRINTED NAME		SIGNATURE
				YEAR		MO.

Page 4

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road
Glen Allen, VA 23060

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2008	08	01		2008	08	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
FLOW	REPORTD			MGD	*****	*****	*****				
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****		CONT	EST	
PH	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0		2/M	GRAB	

BOD5	REPORTD			KG/D	*****	*****	*****					
PARAM CODE: 003	REQRMNT	4300	7700		*****	*****	*****			2/M	24HC	
TSS	REPORTD			KG/D	*****	*****	*****					
PARAM CODE: 004	REQRMNT	110	280		*****	*****	*****			2/M	24HC	
DO	REPORTD	*****	*****				*****	MG/L				
PARAM CODE: 007	REQRMNT	*****	*****		NL	NL	*****			1/DAY	GRAB	
PHOSPHORUS, TOTAL (AS P)	REPORTD		*****	KG/D	*****		*****	MG/L				
PARAM CODE: 012	REQRMNT	3.0	*****		*****	2.0	*****			1/W	24HC	
AMMONIA, AS N	REPORTD	*****	*****		*****		*****	MG/L				
PARAM CODE: 039	REQRMNT	*****	*****		*****	37	45			2/M	24HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: Due to weather conditions on the Bay at the end of the month and the early termination of fishing in preparation for Tropical Storm Hanna; Chesapeake Bay Refrigeration Water Discharge monitoring (Part 1 B 3) was not conducted in August. We did, however, conduct the monitoring at the soonest opportunity thereafter. Samples were taken on September 3rd. Due to the time span necessary for the 5 day BOD, results are not yet available. These will be submitted separately when received.

PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE				
				Theodore Schultz		1911004868		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE: 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TYPED OR PRINTED NAME		CERTIFICATE NUMBER		
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211	
				TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO.	DAY

Page 5

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

FACILITY LOCATION 610 Menhaden Rd

VA0003867	003												
PERMIT NUMBER	DISCHARGE NUMBER												
MONITORING PERIOD													
<table border="1"> <tr><th>YEAR</th><th>MO</th><th>DAY</th></tr> <tr><td>2008</td><td>08</td><td>01</td></tr> </table>	YEAR	MO	DAY	2008	08	01	<table border="1"> <tr><th>YEAR</th><th>MO</th><th>DAY</th></tr> <tr><td>2008</td><td>08</td><td>31</td></tr> </table>	YEAR	MO	DAY	2008	08	31
YEAR	MO	DAY											
2008	08	01											
YEAR	MO	DAY											
2008	08	31											

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****			C				
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL			1/DAY	IS	
COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 442	REQRMNT	*****	*****		*****	NL	NL			1/M	GRAB	
OIL & GREASE	REPORTD			KG/D	*****	*****	*****					
PARAM CODE: 500	REQRMNT	430	780		*****	*****	*****			2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: Due to weather conditions on the Bay at the end of the month and the early termination of fishing in preparation for Tropical Storm Hanna; Chesapeake Bay Refrigeration Water Discharge monitoring (Part 1 B 3) was not conducted in August. We did, however, conduct the monitoring at the soonest opportunity thereafter. Samples were taken on September 3rd. Due to the time span necessary for the 5 day BOD, results are not yet available. These will be submitted separately when received.

PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE				
				Theodore Schultz		1911004868		
	<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>			TYPED OR PRINTED NAME		CERTIFICATE NUMBER		
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211	
				TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO.	DAY

Page 6

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

FACILITY LOCATION 610 Menhaden Rd

FROM

VA0003867		995	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
YEAR	MO	DAY	YEAR
2008	08	01	2008

TO

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM					
FLOW	REPORTD	3.568	4.212	MGD	*****	*****	*****		0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			CONT	EST	
PH	REPORTD	*****	*****		7.20	*****	8.40	SU	0	5D/W	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			5D/W	GRAB	
COPPER, TOTAL (AS CU)	REPORTD	*****	*****		*****	6.4	6.4	UG/L	0	1/M	24HC	
PARAM CODE: 019	REQRMNT	*****	*****		*****	NL	NL			1/M	24HC	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	32.3	37.0	C	0	1/DAY	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	45			1/DAY	IS	
SILVER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	<QL	<QL	UG/L	0	1/M	24HC	
PARAM CODE: 186	REQRMNT	*****	*****		*****	NL	NL			1/M	24HC	
ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		*****	<QL	<QL	UG/L	0	1/M	GRAB	
PARAM CODE: 448	REQRMNT	*****	*****		*****	NL	NL			1/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: Due to weather conditions on the Bay at the end of the month and the early termination of fishing in preparation for Tropical Storm Hanna; Chesapeake Bay Refrigeration Water Discharge monitoring (Part 1 B 3) was not conducted in August. We did, however, conduct the monitoring at the soonest opportunity thereafter. Samples were taken on September 3rd. Due to the time span necessary for the 5 day BOD, results are not yet available. These will be submitted separately when received.

PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
	0	0	0	Theodore Schultz		1911004868	
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	

<small>MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		804-453-4211	
	TYPED OR PRINTED NAME		SIGNATURE		YEAR	MO.



REEDVILLE, VA

[illegible]

Chesapeake Bay Water Quality Monitoring Data

Predischarge								After Discharge						
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23	11:45	<2	8.40	<0.1	19.5	8.01	17	11:50	3.2	7.75	<0.1	19.6	7.88	17
24														
25														
26														
27														
28														
29														
30														
31														
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt

Name of Vessel: Tangier Island

Name of Sample: Ted Schultz

CB Refrigeration Water Tideland 23Sep08.xls

Chesapeake Bay Water Quality Monitoring Data

Predischarge								After Discharge						
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp (°C)	pH (SU)	Salinity (ppt)	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp (°C)	pH (SU)	Salinity (ppt)
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23	10:25	<2	8.09	<0.1	20.2	8.04	17	10:32	3.0	7.82	<0.1	20.8	7.94	17
24														
25														
26														
27														
28														
29														
30														
31														
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp (°C)	pH (SU)	Salinity (ppt)	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp (°C)	pH (SU)	Salinity (ppt)

Name of Vessel: Tangier Island

Name of Sample: Ted Schultz

CB Refrigeration Water Tangier Island 23Sep08.xls

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 9/1/08 To 9/7/08

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert LaBuzza 10/09/2008
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 9/8/08 To 9/14/08

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u>	
	(check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert G. Bruzzo 10/09/08
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 9/15/08 To 9/21/08

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert G. Breyer 10/09/2008
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 9/22/08 To 9/30/08

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert J. Briggs 10/09/2008
Signature of Principal Officer or Authorized Agent / Date

**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

**DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)**

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME: Omega Protein - Reedville
ADDRESS: PO Box 175
Reedville, VA 22539

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

FACILITY LOCATION: 610 Menhaden Rd

FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
2008	09	01	2008	09	30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
FLOW	REPORTD	2.865	4.254	MGD	*****	*****	*****	0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****		CONT	EST	
PH	REPORTD	*****	*****		7.39	*****	7.78	0	3D/W	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0		3D/W	GRAB	
BOD5	REPORTD	121	245	KG/D	*****	*****	*****	0	3D/W	24HC	
PARAM CODE: 003	REQRMNT	1700	3100		*****	*****	*****		3D/W	24HC	
TSS	REPORTD	136	266	KG/D	*****	*****	*****	0	3D/W	24HC	
PARAM CODE: 004	REQRMNT	650	1600		*****	*****	*****		3D/W	24HC	
CL2, TOTAL	REPORTD	*****	*****		*****	NR	NR				
PARAM CODE: 005	REQRMNT	*****	*****		*****	580	1200		1/DAY	GRAB	
PHOSPHORUS, TOTAL (AS P)	REPORTD	2.47	*****	KG/D	*****	0.16	*****	0	1/W	24HC	
PARAM CODE: 012	REQRMNT	23	*****		*****	2.0	*****		1/W	24HC	
CYANIDE, TOTAL (AS CN)	REPORTD	*****	*****		*****	12.0	24.0	0	2/M	GRAB	
PARAM CODE: 018	REQRMNT	*****	*****		*****	96	110		2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
	0	0	0	Theodore Schultz			
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211
				TYPED OR PRINTED NAME		SIGNATURE	
				YEAR	MO.	DAY	

Page 1

**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD					
-------------------	--	--	--	--	--

FACILITY LOCATION 610 Menhaden Rd

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	2008	09	01		2008	09	30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM					
AMMONIA, AS N	REPORTD	*****	*****		*****	1.93	2.74	MG/L	0	2/M	24HC	
PARAM CODE: 039	REQRMNT	*****	*****		*****	NL	NL			2/M	24HC	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	43.2	C	0	1/DAY	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	*****	50			1/DAY	IS	
OIL & GREASE	REPORTD	<QL	<QL	KG/D	*****	*****	*****		0	3D/W	GRAB	
PARAM CODE: 500	REQRMNT	370	680		*****	*****	*****			3D/W	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
	0	0	0	Theodore Schultz		1911004868	
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211
				TYPED OR PRINTED NAME		SIGNATURE	
						YEAR	MO. DAY

Page 2

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

FACILITY LOCATION 610 Menhaden Rd

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2008	09	01	2008	09	30

FROM TO

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM					
FLOW	REPORTD	0.141	0.294	MGD	*****	*****	*****		0	CONT	MEAS	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			CONT	MEAS	
PH	REPORTD	*****	*****		7.51	*****	8.02	SU	0	2D/W	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			2D/W	GRAB	
BOD5	REPORTD	12.2	16.1	KG/D	*****	*****	*****		0	2/M	24HC	
PARAM CODE: 003	REQRMNT	470	840		*****	*****	*****			2/M	24HC	
TSS	REPORTD	17.7	25.6	KG/D	*****	*****	*****		0	2/M	24HC	
PARAM CODE: 004	REQRMNT	160	410		*****	*****	*****			2/M	24HC	
COLIFORM, FECAL	REPORTD	*****	*****		*****	126	*****	N/CML	0	1/W	GRAB	
PARAM CODE: 006	REQRMNT	*****	*****		*****	NL	*****			1/W	GRAB	
PHOSPHORUS, TOTAL (AS P)	REPORTD	0.90	*****	KG/D	*****	1.84	*****	MG/L	0	1/W	24HC	
PARAM CODE: 012	REQRMNT	NL	*****		*****	NL	*****			1/W	24HC	
AMMONIA, AS N	REPORTD	*****	*****		*****	1.60	1.70	MG/L	0	2/M	24HC	
PARAM CODE: 039	REQRMNT	*****	*****		*****	38	45			2/M	24HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE					
	0	0	0	Theodore Schultz					
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER			
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211		
				TYPED OR PRINTED NAME		SIGNATURE	YEAR	MO.	DAY

Page 3

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

FACILITY LOCATION 610 Menhaden Rd

MONITORING PERIOD

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

YEAR	MO	DAY	YEAR	MO	DAY
2008	09	01	2008	09	30

FROM TO

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM					
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	24.2	28.4		0	2D/W	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL			2D/W	IS	
ENTEROCOCCI	REPORTD	*****	*****		*****	742	*****		0	1/W	GRAB	
PARAM CODE: 140	REQRMNT	*****	*****		*****	NL	*****			1/W	GRAB	
OIL & GREASE	REPORTD	<QL	<QL		*****	*****	*****		0	2/M	GRAB	
PARAM CODE: 500	REQRMNT	25	46	KG/D	*****	*****	*****			2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE					
	0	0	0	Theodore Schultz 1911004868					
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER			
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211		
				TYPED OR PRINTED NAME		SIGNATURE	YEAR	MO.	DAY

Page 4

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road
Glen Allen, VA 23060

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
2008	09	01	2008	09	30

FROM TO

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM					
FLOW	REPORTD				*****	*****	*****					
PARAM CODE: 001	REQRMNT	NL	NL	MGD	*****	*****	*****			CONT	EST	
PH	REPORTD	*****	*****			*****						
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0	SU		2/M	GRAB	
BOD5	REPORTD				*****	*****	*****					

PARAM CODE: 003	REQRMNT	4300	7700	KG/D	*****	*****	*****		2/M	24HC
TSS	REPORTD			KG/D	*****	*****	*****			
PARAM CODE: 004	REQRMNT	110	280	KG/D	*****	*****	*****		2/M	24HC
DO	REPORTD	*****	*****		*****	*****	*****			
PARAM CODE: 007	REQRMNT	*****	*****		NL	NL	*****	MG/L	1/DAY	GRAB
PHOSPHORUS, TOTAL (AS P)	REPORTD		*****	KG/D	*****	*****	*****			
PARAM CODE: 012	REQRMNT	3.0	*****	KG/D	*****	2.0	*****	MG/L	1/W	24HC
AMMONIA, AS N	REPORTD	*****	*****		*****	*****	*****			
PARAM CODE: 039	REQRMNT	*****	*****		*****	37	45	MG/L	2/M	24HC

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE				
				Theodore Schultz		1911004868		
	<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>			TYPED OR PRINTED NAME		CERTIFICATE NUMBER		
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211	
				TYPED OR PRINTED NAME		SIGNATURE	YEAR	MO.

Page 5

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

FACILITY LOCATION 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road
Glen Allen, VA 23060

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

YEAR	MO	DAY	FROM	YEAR	MO	DAY	TO
2008	09	01		2008	09	30	

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****							
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL	C		1/DAY	IS	
COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****							
PARAM CODE: 442	REQRMNT	*****	*****		*****	NL	NL	UG/L		1/M	GRAB	
OIL & GREASE	REPORTD				*****	*****	*****					
PARAM CODE: 500	REQRMNT	430	780	KG/D	*****	*****	*****			2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>	Theodore Schultz			1911004868			
	TYPED OR PRINTED NAME			CERTIFICATE NUMBER			
	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE	804-453-4211		
	TYPED OR PRINTED NAME			SIGNATURE	YEAR	MO.	DAY

Page 6

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

VA0003867	995
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

FACILITY LOCATION 610 Menhaden Rd

FROM

YEAR	MO	DAY	YEAR	MO	DAY	
2008	09	01	TO	2008	09	30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
FLOW	REPORTD	2.837	4.212	MGD	*****	*****	*****	0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****		CONT	EST	
PH	REPORTD	*****	*****		7.54	*****	7.90	0	5D/W	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0		5D/W	GRAB	
COPPER, TOTAL (AS CU)	REPORTD	*****	*****		*****	5.0	5.0	0	1/M	24HC	
PARAM CODE: 019	REQRMNT	*****	*****		*****	NL	NL		1/M	24HC	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	32.9	37.3	0	1/DAY	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	45		1/DAY	IS	
SILVER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	<QL	<QL	0	1/M	24HC	
PARAM CODE: 186	REQRMNT	*****	*****		*****	NL	NL		1/M	24HC	
ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		*****	<QL	<QL	0	1/M	GRAB	
PARAM CODE: 448	REQRMNT	*****	*****		*****	NL	NL		1/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		
	0	0	0			
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND</small>	Theodore Schultz			1911004868		
	TYPED OR PRINTED NAME			CERTIFICATE NUMBER		
	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE	804-453-4211	

IMPRISONMENT FOR KNOWING VIOLATIONS, SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

TYPED OR PRINTED NAME

SIGNATURE

YEAR

MO.

DAY

Page 7

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)NAME: Omega Protein - Reedville
ADDRESS: PO Box 175
Reedville, VA 22539

FACILITY LOCATION: 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

VA0003867		001			
PERMIT NUMBER		DISCHARGE NUMBER			
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2008	10	01	2008	10	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM					
FLOW	REPORTD	3.124	4.254	MGD	*****	*****	*****		0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			CONT	EST	
PH	REPORTD	*****	*****		7.18	*****	7.87	SU	0	3D/W	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			3D/W	GRAB	
BOD5	REPORTD	120.4	325.3	KG/D	*****	*****	*****		0	3D/W	24HC	
PARAM CODE: 003	REQRMNT	1700	3100		*****	*****	*****			3D/W	24HC	
TSS	REPORTD	122.3	230.3	KG/D	*****	*****	*****		0	3D/W	24HC	
PARAM CODE: 004	REQRMNT	650	1600		*****	*****	*****			3D/W	24HC	
CL2, TOTAL	REPORTD	*****	*****		*****	NR	NR	UG/L		1/DAY	GRAB	
PARAM CODE: 005	REQRMNT	*****	*****		*****	580	1200					
PHOSPHORUS, TOTAL (AS P)	REPORTD	1.81	*****	KG/D	*****	0.22	*****	MG/L	0	1/W	24HC	
PARAM CODE: 012	REQRMNT	23	*****		*****	2.0	*****			1/W	24HC	
CYANIDE, TOTAL (AS CN)	REPORTD	*****	*****		*****	35.5	57.0	UG/L	0	2/M	GRAB	
PARAM CODE: 018	REQRMNT	*****	*****		*****	96	110			2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: Past experience indicates that the Toxicity testing report for our Outfall 001 is too large to be transferred electronically. As was done during the last quarter, two copies of the report will be submitted with the hardcopy to be mailed to Denise Mosca with the DMR for VAN020037. An electronic copy of the Toxicity report cover page is included with the attachments here.

PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
	0	0	0	Theodore Schultz		1911004868	
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TYPED OR PRINTED NAME		CERTIFICATE NUMBER				
	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		804-453-4211		
	TYPED OR PRINTED NAME		SIGNATURE				
					YEAR	MO. DAY	

Page 1

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

FACILITY LOCATION 610 Menhaden Rd

FROM

YEAR	MO	DAY	YEAR	MO	DAY	
2008	10	01	TO	2008	10	31

TO

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
AMMONIA, AS N	REPORTD	*****	*****		*****	3.58	5.84	MG/L	0	2/M	24HC	
PARAM CODE: 039	REQRMNT	*****	*****		*****	NL	NL			2/M	24HC	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	32.6	C	0	1/DAY	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	*****	50			1/DAY	IS	
OIL & GREASE	REPORTD	<QL	<QL	KG/D	*****	*****	*****		0	3D/W	GRAB	
PARAM CODE: 500	REQRMNT	370	680		*****	*****	*****			3D/W	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: Past experience indicates that the Toxicity testing report for our Outfall 001 is too large to be transferred electronically. As was done during the last quarter, two copies of the report will be submitted with the hardcopy to be mailed to Denise Mosca with the DMR for VAN020037. An electronic copy of the Toxicity report cover page is included with the attachments here.

PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
	0	0	0	Theodore Schultz		1911004868	
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211
				TYPED OR PRINTED NAME		SIGNATURE	
						YEAR	MO.

Page 2

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

FACILITY LOCATION 610 Menhaden Rd

FROM

YEAR	MO	DAY	YEAR	MO	DAY	
2008	10	01	TO	2008	10	31

TO

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	0.142	0.296	MGD	*****	*****	*****		0	CONT	MEAS	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			CONT	MEAS	
PH	REPORTD	*****	*****		6.89	*****	8.33		0	2D/W	GRAB	

PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0	SU		2D/W	GRAB
BOD5	REPORTD	9.52	15.5	KG/D	*****	*****	*****		0	2/M	24HC
PARAM CODE: 003	REQRMNT	470	840		*****	*****	*****			2/M	24HC
TSS	REPORTD	8.21	9.97	KG/D	*****	*****	*****		0	2/M	24HC
PARAM CODE: 004	REQRMNT	160	410		*****	*****	*****			2/M	24HC
COLIFORM, FECAL	REPORTD	*****	*****		*****	685	*****	N/CML	0	1/W	GRAB
PARAM CODE: 006	REQRMNT	*****	*****		*****	NL	*****			1/W	GRAB
PHOSPHORUS, TOTAL (AS P)	REPORTD	0.76	*****	KG/D	*****	2.33	*****	MG/L	0	1/W	24HC
PARAM CODE: 012	REQRMNT	NL	*****		*****	NL	*****			1/W	24HC
AMMONIA, AS N	REPORTD	*****	*****		*****	0.78	1.30	MG/L	0	2/M	24HC
PARAM CODE: 039	REQRMNT	*****	*****		*****	38	45			2/M	24HC

GENERAL PERMIT REQUIREMENTS OR COMMENTS: Past experience indicates that the Toxicity testing report for our Outfall 001 is too large to be transferred electronically. As was done during the last quarter, two copies of the report will be submitted with the handcopy to be mailed to Denise Mosca with the DMR for VAN020037. An electronic copy of the Toxicity report cover page is included with the attachments here.

PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE					
	0	0	0	Theodore Schultz 1911004868					
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TYPED OR PRINTED NAME		CERTIFICATE NUMBER			
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211		
				TYPED OR PRINTED NAME		SIGNATURE	YEAR	MO.	DAY

Page 3

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

FACILITY LOCATION 610 Mehaden Rd

FROM

VA0003867			002		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2008	10	01	2008	10	31

TO

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	20.5	23.3	C	0	2D/W	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL			2D/W	IS	
ENTEROCOCCI	REPORTD	*****	*****		*****	2420	*****	N/CML	0	1/W	GRAB	
PARAM CODE: 140	REQRMNT	*****	*****		*****	NL	*****			1/W	GRAB	
OIL & GREASE	REPORTD	<QL	<QL	KG/D	*****	*****	*****		0	2/M	GRAB	
PARAM CODE: 500	REQRMNT	25	46		*****	*****	*****			2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: Past experience indicates that the Toxicity testing report for our Outfall 001 is too large to be transferred electronically. As was done during the last quarter, two copies of the report will be submitted with the hardcopy to be mailed to Denise Mosca with the DMR for VAN020037. An electronic copy of the Toxicity report cover page is included with the attachments here.

PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE				
	0	0	0	Theodore Schultz		1911004868		
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER		
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211	
				TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO.	DAY

Page 4

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

FACILITY LOCATION 610 Menhaden Rd

FROM

YEAR	MO	DAY	TO	YEAR	MO	DAY
2008	10	01		2008	10	31

TO

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
FLOW	REPORTD	*****			*****	*****	*****				
PARAM CODE: 001	REQRMNT	NL	NL	MGD	*****	*****	*****		CONT	EST	
PH	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0	SU	2/M	GRAB	
BOD5	REPORTD	*****			*****	*****	*****				
PARAM CODE: 003	REQRMNT	4300	7700	KG/D	*****	*****	*****		2/M	24HC	
TSS	REPORTD	*****			*****	*****	*****				
PARAM CODE: 004	REQRMNT	110	280	KG/D	*****	*****	*****		2/M	24HC	
DO	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 007	REQRMNT	*****	*****		NL	NL	*****	MG/L	1/DAY	GRAB	
PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 012	REQRMNT	3.0	*****	KG/D	*****	2.0	*****	MG/L	1/W	24HC	
AMMONIA, AS N	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 039	REQRMNT	*****	*****		*****	37	45	MG/L	2/M	24HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: Past experience indicates that the Toxicity testing report for our Outfall 001 is too large to be transferred electronically. As was done during the last quarter, two copies of the report will be submitted with the hardcopy to be mailed to Denise Mosca with the DMR for VAN020037. An electronic copy of the Toxicity report cover page is included with the attachments here.

PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE				
				Theodore Schultz		1911004868		

<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>	TYPED OR PRINTED NAME		CERTIFICATE NUMBER		
	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211	
	TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO.	DAY

Page 5

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

FACILITY LOCATION 610 Menhaden Rd

FROM

VA0003867	003					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
YEAR 2008	MO 10	DAY 01	TO	YEAR 2008	MO 10	DAY 31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	*****	C			
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL		1/DAY	IS	
COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****	*****	*****	UG/L			
PARAM CODE: 442	REQRMNT	*****	*****		*****	NL	NL		1/M	GRAB	
OIL & GREASE	REPORTD	*****		KG/D	*****	*****	*****				
PARAM CODE: 500	REQRMNT	430	780		*****	*****	*****		2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: Past experience indicates that the Toxicity testing report for our Outfall 001 is too large to be transferred electronically. As was done during the last quarter, two copies of the report will be submitted with the hardcopy to be mailed to Denise Mosca with the DMR for VAN020037. An electronic copy of the Toxicity report cover page is included with the attachments here.

PARAMETER-SPECIFIC COMMENTS:

<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>	BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE				
					Theodore Schultz		1911004868		
					TYPED OR PRINTED NAME		CERTIFICATE NUMBER		
					PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211	
				TYPED OR PRINTED NAME		SIGNATURE	YEAR	MO.	DAY

Page 6

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>	TYPED OR PRINTED NAME		CERTIFICATE NUMBER		
	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211	
	TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO.	DAY

Page 5

 PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

 NAME Omega Protein - Reedville
 ADDRESS PO Box 175
 Reedville, VA 22539

 COMMONWEALTH OF VIRGINIA
 DEPARTMENT OF ENVIRONMENTAL QUALITY
 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

 DEPT. OF ENVIRONMENTAL QUALITY
 (REGIONAL OFFICE)

 Piedmont Regional Office
 4949-A Cox Road

Glen Allen, VA 23060

FACILITY LOCATION 610 Menluden Rd

FROM

VA0003867	003				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2008	10	01	2008	10	31

TO

 NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
 BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	*****	C			
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL		1/DAY	IS	
COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****	*****	*****	UG/L			
PARAM CODE: 442	REQRMNT	*****	*****		*****	NL	NL		1/M	GRAB	
OIL & GREASE	REPORTD	*****		KG/D	*****	*****	*****				
PARAM CODE: 500	REQRMNT	430	780		*****	*****	*****		2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: Past experience indicates that the Toxicity testing report for our Outfall 001 is too large to be transferred electronically. As was done during the last quarter, two copies of the report will be submitted with the hardcopy to be mailed to Denise Mosca with the DMR for VAN020037. An electronic copy of the Toxicity report cover page is included with the attachments here.

PARAMETER-SPECIFIC COMMENTS:

<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>	BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE				
					Theodore Schultz		1911004868		
					TYPED OR PRINTED NAME		CERTIFICATE NUMBER		
					PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211	
				TYPED OR PRINTED NAME		SIGNATURE	YEAR	MO.	DAY

Page 6

 PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

 COMMONWEALTH OF VIRGINIA
 DEPARTMENT OF ENVIRONMENTAL QUALITY
 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

 DEPT. OF ENVIRONMENTAL QUALITY
 (REGIONAL OFFICE)

 Piedmont Regional Office
 4949-A Cox Road

Glen Allen, VA 23060

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

VA0003867	995
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FACILITY LOCATION 610 Menhaden Rd

FROM

YEAR	MO	DAY	TO	YEAR	MO	DAY
2008	10	01		2008	10	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	3.093	4.212	MGD	*****	*****	*****		0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			CONT	EST	
PH	REPORTD	*****	*****		7.46	*****	8.10	SU	0	5D/W	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			5D/W	GRAB	
COPPER, TOTAL (AS CU)	REPORTD	*****	*****		*****	5.3	5.3	UG/L	0	1/M	24HC	
PARAM CODE: 019	REQRMNT	*****	*****		*****	NL	NL			1/M	24HC	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	28.2	31.9	C	0	1/DAY	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	45			1/DAY	IS	
SILVER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	<QL	<QL	UG/L	0	1/M	24HC	
PARAM CODE: 186	REQRMNT	*****	*****		*****	NL	NL			1/M	24HC	
ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		*****	15.7	15.7	UG/L	0	1/M	GRAB	
PARAM CODE: 448	REQRMNT	*****	*****		*****	NL	NL			1/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: Past experience indicates that the Toxicity testing report for our Outfall 001 is too large to be transferred electronically. As was done during the last quarter, two copies of the report will be submitted with the hardcopy to be mailed to Denise Mosca with the DMR for VAN020037. An electronic copy of the Toxicity report cover page is included with the attachments here.

PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE						
	0	0	0	Theodore Schultz 1911004868						
<p>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</p>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER				
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211			
				TYPED OR PRINTED NAME		SIGNATURE		YEAR	MO.	DAY

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME: Omega Protein - Reedville
ADDRESS: PO Box 175
Reedville, VA 22539

FACILITY
LOCATION: 610 Menhaden Rd

FROM

VA0003867		002	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
YEAR	MO	DAY	
2008	08	01	
TO			
YEAR	MO	DAY	
2008	10	31	

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TOXICITY, FINAL, ACUTE	REPORTD	*****	*****		*****	*****	<1.0	0	1/3M	24HC	
PARAM CODE: 379	REQRMNT	*****	*****		*****	*****	14		1/3M	24HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
0	0	0		Theodore Schultz		1911004868	
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211
				TYPED OR PRINTED NAME		SIGNATURE	
						YEAR	MO. DAY

Page 1



Cockrell Creek

REEDVILLE, VA

Outfall (20' from)	Date	Time	Temp (°C)	pH (SU)	Ammonia (mg/l)	Salinity (ppt)
-----------------------	------	------	-----------	---------	-------------------	----------------

Chesapeake Bay Water Quality Monitoring Data

Date	Time of Sample	Predischarge						Time of Sample	After Discharge					
		BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt		BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14	10:10	<2	9.44	0.18	20.8	7.86	16	10:15	2.7	8.64	<0.1	20.7	8.09	16
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														

Name of Vessel: Lancaster

Name of Sample: Ted Schultz

C B Refrig Water Oct2008 Lancaster Sample #1.xls

Chesapeake Bay Water Quality Monitoring Data

Date	Time of Sample	Predischarge						Time of Sample	After Discharge					
		BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt		BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14	14:10	<2	9.04	<0.1	20.7	7.92	16	14:20	8.1	8.67	0.67	20.8	8.14	22
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt

Name of Vessel: Conrad

Name of Sample: Ted Schultz

C B Refrig Water Oct2008 Conrad Sample #2.xls

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 10/1/08 To 10/5/08

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert V. LaBruzzi Nov. 5, 2008
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 10/6/08 To 10/12/08

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor

Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert V LaBruzzo Nov 5, 2008

Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 10/13/08 To 10/19/08

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert V. Buizzo Nov 5, 2008
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 10/20/08 To 10/26/08

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert La Buzza Nov 5, 2008
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 10/27/08 To 10/31/08

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Roberto La Bruzga Nov 5, 2008
Signature of Principal Officer or Authorized Agent / Date

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME: Omega Protein - Reedville
ADDRESS: PO Box 175
Reedville, VA 22539

FACILITY
LOCATION: 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

YEAR	MO	DAY	YEAR	MO	DAY
2008	11	01	2008	11	30

FROM

TO

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
FLOW	REPORTD	2.342	4.254	MGD	*****	*****	*****	0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****		CONT	EST	
PH	REPORTD	*****	*****		7.68	*****	8.21	0	3D/W	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0		3D/W	GRAB	
BOD5	REPORTD	90.9	141.7	KG/D	*****	*****	*****	0	3D/W	24HC	
PARAM CODE: 003	REQRMNT	1700	3100		*****	*****	*****		3D/W	24HC	
TSS	REPORTD	92.4	118.6	KG/D	*****	*****	*****	0	3D/W	24HC	
PARAM CODE: 004	REQRMNT	650	1600		*****	*****	*****		3D/W	24HC	
CL2, TOTAL	REPORTD	*****	*****		*****	NR	NR				
PARAM CODE: 005	REQRMNT	*****	*****		*****	580	1200		1/DAY	GRAB	
PHOSPHORUS, TOTAL (AS P)	REPORTD	3.82	*****	KG/D	*****	0.28	*****	0	1/W	24HC	
PARAM CODE: 012	REQRMNT	23	*****		*****	2.0	*****		1/W	24HC	
CYANIDE, TOTAL (AS CN)	REPORTD	*****	*****		*****	13.6	27.1	0	2/M	GRAB	
PARAM CODE: 018	REQRMNT	*****	*****		*****	96	110		2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
0	0	0	0	Theodore Schultz		1911004868	
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211
				TYPED OR PRINTED NAME		SIGNATURE	YEAR MO. DAY

Page 1

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

FACILITY LOCATION 610 Menhaden Rd

FROM

YEAR	MO	DAY
2008	11	01

TO

YEAR	MO	DAY
2008	11	30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
AMMONIA, AS N	REPORTD	*****	*****		*****	3.27	3.62	MG/L	0	2/M	24HC	
PARAM CODE: 039	REQRMNT	*****	*****		*****	NL	NL			2/M	24HC	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	23.5	C	0	1/DAY	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	*****	50			1/DAY	IS	
OIL & GREASE	REPORTD	<QL	<QL	KG/D	*****	*****	*****		0	3D/W	GRAB	
PARAM CODE: 500	REQRMNT	370	680		*****	*****	*****			3D/W	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
	0	0	0	Theodore Schultz		1911004868	
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211
				TYPED OR PRINTED NAME		SIGNATURE	
						YEAR	MO. DAY

Page 2

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road
Glen Allen, VA 23060

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

FACILITY LOCATION 610 Menhaden Rd

FROM

YEAR	MO	DAY
2008	11	01

TO

YEAR	MO	DAY
2008	11	30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	.106	.188	MGD	*****	*****	*****		0	CONT	MEAS	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			CONT	MEAS	
PH	REPORTD	*****	*****		7.46	*****	8.53	SU	0	2D/W	GRAB	

PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			2D/W	GRAB
BOD5	REPORTD	5.24	10.1	KG/D	*****	*****	*****		0	2/M	24HC
PARAM CODE: 003	REQRMNT	470	840		*****	*****	*****			2/M	24HC
TSS	REPORTD	4.73	9.16	KG/D	*****	*****	*****		0	2/M	24HC
PARAM CODE: 004	REQRMNT	160	410		*****	*****	*****			2/M	24HC
COLIFORM, FECAL	REPORTD	*****	*****	KG/D	*****	342	*****	N/CML	0	1/W	GRAB
PARAM CODE: 006	REQRMNT	*****	*****		*****	NL	*****			1/W	GRAB
PHOSPHORUS, TOTAL (AS P)	REPORTD	0.51	*****	KG/D	*****	2.22	*****	MG/L	0	1/W	24HC
PARAM CODE: 012	REQRMNT	NL	*****		*****	NL	*****			1/W	24HC
AMMONIA, AS N	REPORTD	*****	*****	KG/D	*****	0.74	1.47	MG/L	0	2/M	24HC
PARAM CODE: 039	REQRMNT	*****	*****		*****	38	45			2/M	24HC

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE					
	0	0	0	Theodore Schultz 1911004868					
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER			
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211		
				TYPED OR PRINTED NAME		SIGNATURE	YEAR	MO.	DAY

Page 3

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

FACILITY
LOCATION 610 Menhaden Rd

FROM

YEAR	MO	DAY	YEAR	MO	DAY	
2008	11	01	TO	2008	11	30

TO

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	11.08	14.50	0	2D/W	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL		2D/W	IS	
ENTEROCOCCI	REPORTD	*****	*****		*****	2420	*****	0	1/W	GRAB	
PARAM CODE: 140	REQRMNT	*****	*****		*****	NL	*****		1/W	GRAB	
OIL & GREASE	REPORTD	<QL	<QL	KG/D	*****	*****	*****	0	2/M	GRAB	
PARAM CODE: 500	REQRMNT	25	46		*****	*****	*****		2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE				
	0	0	0	Theodore Schultz		1911004868		
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER		
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211	
				TYPED OR PRINTED NAME		SIGNATURE		YEAR

Page 4

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

FACILITY
LOCATION 610 Menhaden Rd

FROM

YEAR	MO	DAY
2008	11	01

TO

YEAR	MO	DAY
2008	11	30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	*****		MGD	*****	*****	*****					
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			CONT	EST	
PH	REPORTD	*****	*****		*****	*****	*****					
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0	SU		2/M	GRAB	
BOD5	REPORTD	*****		KG/D	*****	*****	*****					
PARAM CODE: 003	REQRMNT	4300	7700		*****	*****	*****			2/M	24HC	
TSS	REPORTD	*****		KG/D	*****	*****	*****					
PARAM CODE: 004	REQRMNT	110	280		*****	*****	*****			2/M	24HC	
DO	REPORTD	*****	*****		*****	*****	*****					
PARAM CODE: 007	REQRMNT	*****	*****		NL	NL	*****	MG/L		1/DAY	GRAB	
PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****	KG/D	*****	*****	*****					
PARAM CODE: 012	REQRMNT	3.0	*****		*****	2.0	*****	MG/L		1/W	24HC	
AMMONIA, AS N	REPORTD	*****	*****		*****	*****	*****					
PARAM CODE: 039	REQRMNT	*****	*****		*****	37	45	MG/L		2/M	24HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE				
				Theodore Schultz		1911004868		
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER		

RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		804-453-4211	
	TYPED OR PRINTED NAME		SIGNATURE		YEAR	MO.
					DAY	

Page 5

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

FACILITY LOCATION 610 Menhaden Rd

FROM

YEAR	MO	DAY
2008	11	01

TO

YEAR	MO	DAY
2008	11	30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL		1/DAY	IS	
COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 442	REQRMNT	*****	*****		*****	NL	NL		1/M	GRAB	
OIL & GREASE	REPORTD	*****			*****	*****	*****				
PARAM CODE: 500	REQRMNT	430	780	KG/D	*****	*****	*****		2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE					
				Theodore Schultz		1911004868			
	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)			TYPED OR PRINTED NAME		CERTIFICATE NUMBER			
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE 804-453-4211			
			TYPED OR PRINTED NAME		SIGNATURE		YEAR	MO.	DAY

Page 6

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

VA0003867	995
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
-------------------	--

FACILITY LOCATION 610 Menhaden Rd

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	2008	11	01		2008	11	30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	2.319	4.212	MGD	*****	*****	*****		0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			CONT	EST	
PH	REPORTD	*****	*****		7.73	*****	8.22	SU	0	5D/W	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			5D/W	GRAB	
COPPER, TOTAL (AS CU)	REPORTD	*****	*****		*****	3.2	3.2	UG/L	0	1/M	24HC	
PARAM CODE: 019	REQRMNT	*****	*****		*****	NL	NL			1/M	24HC	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	16.72	22.10	C	0	1/DAY	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	45			1/DAY	IS	
SILVER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	<QL	<QL	UG/L	0	1/M	24HC	
PARAM CODE: 186	REQRMNT	*****	*****		*****	NL	NL			1/M	24HC	
ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		*****	<QL	<QL	UG/L	0	1/M	GRAB	
PARAM CODE: 448	REQRMNT	*****	*****		*****	NL	NL			1/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
	0	0	0	Theodore Schultz		1911004868	
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211
				TYPED OR PRINTED NAME		SIGNATURE	YEAR MO. DAY



REEDVILLE, VA

[illegible]

Chesapeake Bay Water Quality Monitoring Data

Date	Predischarge							After Discharge						
	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp (°C)	pH (SU)	Salinity (ppt)	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp (°C)	pH (SU)	Salinity (ppt)
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18	12:30	<2	10.23	<0.1	12.6	7.78	20	12:45	<2	9.30	<0.1	12.3	8.11	20
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp (°C)	pH (SU)	Salinity (ppt)	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp (°C)	pH (SU)	Salinity (ppt)

Name of Vessel: Lancaster

Name of Sampler: Ted Schultz

Omega Protein, Inc.
VPDES Permit # VA0003867
Part I.B.3

Month of November, 2008

Chesapeake Bay Water Quality Monitoring Data

Name of Vessel: Lancaster

Name of Sampler: Ted Schultz

CB Refrig Water Lancaster Nov 2008.xls

Chesapeake Bay Water Quality Monitoring Data

Date	Time of Sample	Predischarge						Time of Sample	After Discharge					
		BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt		BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18	16:00	<2	9.98	<0.1	12.0	8.18	19	16:14	<2	9.80	<0.1	11.7	8.16	20
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt

Name of Vessel: John Dempster

Name of Sampler: Ted Schultz

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 11/1/08 To 11/9/08

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)
_____	<u>✓</u> _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert M. Bazzani 12/04/08
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 11/10/08 To 11/16/08

Paint Area

COMPLIANCE / NONCOMPLIANCE *
(check as appropriate)

☒ _____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert LaRocca 12/08/08
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 11/17/08 To 11/23/08

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert LaBuzza 12/04/08
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 11/24/08 To 11/30/08

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor.
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert M. LaBrynne 12/04/08
Signature of Principal Officer or Authorized Agent / Date

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME: Omega Protein - Reedville
ADDRESS: PO Box 175
Reedville, VA 22539

FACILITY
LOCATION: 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD					
-------------------	--	--	--	--	--

YEAR	MO	DAY	YEAR	MO	DAY
2008	12	01	2008	12	31

FROM

TO

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM					
FLOW	REPORTD	3.405	4.254	MGD	*****	*****	*****		0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			CONT	EST	
PH	REPORTD	*****	*****		7.30	*****	7.94	SU	0	3D/W	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			3D/W	GRAB	
BOD5	REPORTD	253.8	612.0	KG/D	*****	*****	*****		0	3D/W	24HC	
PARAM CODE: 003	REQRMNT	1700	3100		*****	*****	*****			3D/W	24HC	
TSS	REPORTD	172.7	271.2	KG/D	*****	*****	*****		0	3D/W	24HC	
PARAM CODE: 004	REQRMNT	650	1600		*****	*****	*****			3D/W	24HC	
CL2, TOTAL	REPORTD	*****	*****		*****	NR	NR	UG/L		1/DAY	GRAB	
PARAM CODE: 005	REQRMNT	*****	*****		*****	580	1200					
PHOSPHORUS, TOTAL (AS P)	REPORTD	2.3	*****	KG/D	*****	0.15	*****	MG/L	0	1/W	24HC	
PARAM CODE: 012	REQRMNT	23	*****		*****	2.0	*****			1/W	24HC	
CYANIDE, TOTAL (AS CN)	REPORTD	*****	*****		*****	20.0	20.0	UG/L	0	2/M	GRAB	
PARAM CODE: 018	REQRMNT	*****	*****		*****	96	110			2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: Omega Protein shut down for the year at 17:00 on Dec 19, 2008. The attached BMP reports cover the three (3) operating weeks. Third Quarter Toxicity test results for Outfall 001 are attached (Note: file has been compressed using Acrobat 7)
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
	0	0	0	Theodore Schultz		1911004868	
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TYPED OR PRINTED NAME		CERTIFICATE NUMBER				
	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		8044534211		
	TYPED OR PRINTED NAME		SIGNATURE		YEAR MO. DAY		

Page 1

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

FACILITY LOCATION 610 Menhaden Rd

YEAR	MO	DAY	TO	YEAR	MO	DAY
2008	12	01		2008	12	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM					
AMMONIA, AS N	REPORTD	*****	*****		*****	6.72	6.72	MG/L	0	2/M	24HC	
PARAM CODE: 039	REQRMNT	*****	*****		*****	NL	NL			2/M	24HC	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	20.1	C	0	1/DAY	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	*****	50			1/DAY	IS	
OIL & GREASE	REPORTD	<QL	<QL	KG/D	*****	*****	*****		0	3D/W	GRAB	
PARAM CODE: 500	REQRMNT	370	680		*****	*****	*****			3D/W	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: Omega Protein shut down for the year at 17:00 on Dec 19, 2008. The attached BMP reports cover the three (3) operating weeks. Third Quarter Toxicity test results for Outfall 001 are attached (Note: file has been compressed using Arcobit 7)
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
	0	0	0	Theodore Schultz		1911004868	
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	8044534211
				TYPED OR PRINTED NAME		SIGNATURE	
						YEAR	MO.
						DAY	

Page 2

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

FACILITY LOCATION 610 Menhaden Rd

YEAR	MO	DAY	TO	YEAR	MO	DAY
2008	12	01		2008	12	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM					
FLOW	REPORTD	0.066	0.108	MGD	*****	*****	*****		0	CONT	MEAS	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			CONT	MEAS	
PH	REPORTD	*****	*****		7.72	*****	8.31	SU	0	2D/W	GRAB	

PARAM CODE: 002	REQRMNT	*****	*****	KG/D	6.0	*****	9.0			2D/W	GRAB	
BOD5	REPORTD	6.70	6.70		*****	*****	*****		0	2/M	24HC	
PARAM CODE: 003	REQRMNT	470	840	KG/D	*****	*****	*****			2/M	24HC	
TSS	REPORTD	12.5	12.5		*****	*****	*****		0	2/M	24HC	
PARAM CODE: 004	REQRMNT	160	410		*****	*****	*****	N/CML		2/M	24HC	
COLIFORM, FECAL	REPORTD	*****	*****		*****	50	*****		0	1/W	GRAB	
PARAM CODE: 006	REQRMNT	*****	*****		*****	NL	*****			1/W	GRAB	
PHOSPHORUS, TOTAL (AS P)	REPORTD	1.29	*****		*****	3.16	*****		0	1/W	24HC	
PARAM CODE: 012	REQRMNT	NL	*****	KG/D	*****	NL	*****	MG/L		1/W	24HC	
AMMONIA, AS N	REPORTD	*****	*****		*****	11.1	11.1		0	2/M	24HC	
PARAM CODE: 039	REQRMNT	*****	*****		*****	38	45	MG/L		2/M	24HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: Omega Protein shut down for the year at 17:00 on Dec 19, 2008. The attached BMP reports cover the three (3) operating weeks. Third Quarter Toxicity test results for Outfall 001 are attached (Note: file has been compressed using Arcobat 7)

PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
	0	0	0	Theodore Schultz 1911004868			
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINI; AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	8044534211
				TYPED OR PRINTED NAME		SIGNATURE	YEAR MO. DAY

Page 3

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

FACILITY LOCATION 610 Menhaden Rd

FROM

YEAR	MO	DAY
2008	12	01

TO

YEAR	MO	DAY
2008	12	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM					
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	8.52	10.2	C	0	2D/W	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL			2D/W	IS	
ENTEROCOCCI	REPORTD	*****	*****		*****	248	*****	N/CML	0	1/W	GRAB	
PARAM CODE: 140	REQRMNT	*****	*****		*****	NL	*****			1/W	GRAB	
OIL & GREASE	REPORTD	<QL	<QL	KG/D	*****	*****	*****		0	2/M	GRAB	
PARAM CODE: 500	REQRMNT	25	46		*****	*****	*****			2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: Omega Protein shut down for the year at 17:00 on Dec 19, 2008. The attached BMP reports cover the three (3) operating weeks. Third Quarter Toxicity test results for Outfall 001 are attached (Note: file has been compressed using Arcobat 7)

PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE				
	0	0	0	Theodore Schultz		1911004868		
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER		
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	8044534211	
				TYPED OR PRINTED NAME		SIGNATURE	YEAR	MO.

Page 4

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road
Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

FACILITY LOCATION 610 Menhaden Rd

YEAR	MO	DAY	TO	YEAR	MO	DAY
2008	12	01		2008	12	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
FLOW	REPORTD	*****		MGD	*****	*****	*****				
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****		CONT	EST	
PH	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0		2/M	GRAB	
BOD5	REPORTD	*****		KG/D	*****	*****	*****				
PARAM CODE: 003	REQRMNT	4300	7700		*****	*****	*****		2/M	24HC	
TSS	REPORTD	*****		KG/D	*****	*****	*****				
PARAM CODE: 004	REQRMNT	110	280		*****	*****	*****		2/M	24HC	
DO	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 007	REQRMNT	*****	*****		NL	NL	*****		1/DAY	GRAB	
PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****	KG/D	*****	*****	*****				
PARAM CODE: 012	REQRMNT	3.0	*****		*****	2.0	*****		1/W	24HC	
AMMONIA, AS N	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 039	REQRMNT	*****	*****		*****	37	45		2/M	24HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: Omega Protein shut down for the year at 17:00 on Dec 19, 2008. The attached BMP reports cover the three (3) operating weeks. Third Quarter Toxicity test results for Outfall 001 are attached (Note: file has been compressed using Arcrobat 7)

PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
				Theodore Schultz		1911004868	
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	

RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		8044534211	
	TYPED OR PRINTED NAME		SIGNATURE		YEAR	MO.
					DAY	

Page 5

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

Piedmont Regional Office
4949-A Cox Road

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

Glen Allen, VA 23060

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
YEAR MO DAY	YEAR MO DAY
2008 12 01	2008 12 31

FACILITY LOCATION 610 Menhaden Rd

FROM

TO

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL		1/DAY	IS	
COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 442	REQRMNT	*****	*****		*****	NL	NL		1/M	GRAB	
OIL & GREASE	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 500	REQRMNT	430	780	KG/D	*****	*****	*****		2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: Omega Protein shut down for the year at 17:00 on Dec 19, 2008. The attached BMP reports cover the three (3) opening weeks. Third Quarter Toxicity test results for Outfall 001 are attached (Note: file has been compressed using Acrobat 7)
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
				Theodore Schultz		1911004868	
	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)			TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	8044534211
	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY	

Page 6

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

VA0003867	995
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FACILITY LOCATION 610 Menhaden Rd

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	2008	12	01		2008	12	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM					
FLOW	REPORTD	3.408	4.124	MGD	*****	*****	*****		0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			CONT	EST	
PH	REPORTD	*****	*****		8.18	*****	8.22	SU	0	5D/W	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			5D/W	GRAB	
COPPER, TOTAL (AS CU)	REPORTD	*****	*****		*****	4.9	4.9	UG/L	0	1/M	24HC	
PARAM CODE: 019	REQRMNT	*****	*****		*****	NL	NL			1/M	24HC	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	19.7	20.5	C	0	1/DAY	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	45			1/DAY	IS	
SILVER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	<QL	<QL	UG/L	0	1/M	24HC	
PARAM CODE: 186	REQRMNT	*****	*****		*****	NL	NL			1/M	24HC	
ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		*****	<QL	<QL	UG/L	0	1/M	GRAB	
PARAM CODE: 448	REQRMNT	*****	*****		*****	NL	NL			1/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: Omega Protein shut down for the year at 17:00 on Dec 19, 2008. The attached BMP reports cover the three (3) operating weeks. Third Quarter Toxicity test results for Outfall 001 are attached (Note: file has been compressed using Arcobit 7)
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
	0	0	0	Theodore Schultz		1911004868	
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	8044534211
				TYPED OR PRINTED NAME		SIGNATURE	YEAR MO. DAY

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME: Omega Protein - Reedville
ADDRESS: PO Box 175
Reedville, VA 22539

FACILITY LOCATION: 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

YEAR	MO	DAY	YEAR	MO	DAY
2008	11	01	2009	01	31

FROM TO

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
TOXICITY, FINAL, ACUTE	REPORTD	*****	*****		*****	*****	<1.0		0	1/3M	24HC	
PARAM CODE: 379	REQRMNT	*****	*****		*****	*****	14	TU-A		1/3M	24HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
	0	0	0	Theodore Schultz		1911004868	
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS, SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-452-4211
				TYPED OR PRINTED NAME		SIGNATURE	
						YEAR	MO. DAY



REEDVILLE, VA

VA0003867
Part I B 4

Chesapeake Bay Water Quality Monitoring Data

Date	Predischarge							After Discharge						
	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp (°C)	pH (SU)	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp (°C)	pH (SU)	Salinity ppt
1														
2														
3														
4	16:05	<2	14.05	<0.1	7.6	7.83	20	16:15	8.1	12.02	<0.1	7.9	8.00	19
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp (°C)	pH (SU)	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp (°C)	pH (SU)	Salinity ppt

Name of Vessel: Tideland

Name of Sampler: Ted Schultz

CB Refrig Water Tideland Sample 2 Dec 2008.xls

Chesapeake Bay Water Quality Monitoring Data

Date	Time of Sample	Predischarge						Time of Sample	After Discharge					
		BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt		BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt
1														
2														
3														
4	14:15	<2	14.15	<0.1	7.8	7.63	20	14:30	4.2	11.71	<0.1	8.2	7.67	20
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														

Name of Vessel: Reedville

Name of Sampler: Ted Schultz

CB Refrig Water Reedville Sample 1 Dec 2008.xls

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 12/1/08 To 12/7/08

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert W. Buzze 09-01-05
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 12/1/08 To 12/31/08

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert LaRocca 09-01-05
Signature of Principal Officer or Authorized Agent / Date

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME: Omega Protein - Reedville
ADDRESS: PO Box 175
Reedville, VA 22539

FACILITY LOCATION: 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

YEAR	MO	DAY	YEAR	MO	DAY
2009	01	01	2009	01	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM					
FLOW	REPORTD	*****		MGD	*****	*****	*****					
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			CONT	EST	
PH	REPORTD	*****	*****		*****	*****	*****	SU		3D/W	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0					
BOD5	REPORTD	*****		KG/D	*****	*****	*****			3D/W	24HC	
PARAM CODE: 003	REQRMNT	1700	3100		*****	*****	*****					
TSS	REPORTD	*****		KG/D	*****	*****	*****			3D/W	24HC	
PARAM CODE: 004	REQRMNT	650	1600		*****	*****	*****					
CL2, TOTAL	REPORTD	*****	*****		*****	580	1200	UG/L		1/DAY	GRAB	
PARAM CODE: 005	REQRMNT	*****	*****		*****	*****	*****					
PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****	KG/D	*****	2.0	*****	MG/L		1/W	24HC	
PARAM CODE: 012	REQRMNT	23	*****		*****	*****	*****					
CYANIDE, TOTAL (AS CN)	REPORTD	*****	*****		*****	96	110	UG/L		2/M	GRAB	
PARAM CODE: 018	REQRMNT	*****	*****		*****	*****	*****					

GENERAL PERMIT REQUIREMENTS OR COMMENTS: RE: BMP Attachment C - Facility closed 1/1/09 - 1/4/09.
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
				Theodore Schultz	1911004868		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TYPED OR PRINTED NAME		CERTIFICATE NUMBER				
	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211			
	TYPED OR PRINTED NAME		SIGNATURE	YEAR	MO.	DAY	

Page 1

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

FACILITY LOCATION 610 Menhaden Rd

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	2009	01	01		2009	01	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
AMMONIA, AS N	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 039	REQRMNT	*****	*****		*****	NL	NL		2/M	24HC	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 080	REQRMNT	*****	*****		*****	*****	50		1/DAY	IS	
OIL & GREASE	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 500	REQRMNT	370	680	KG/D	*****	*****	*****		3D/W	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: RE: BMP Attachment C - Facility closed 1/1/09 - 1/4/09.
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE					
				Theodore Schultz		1911004868			
<p>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</p>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER			
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211		
				TYPED OR PRINTED NAME		SIGNATURE	YEAR	MO.	DAY

Page 2

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

FACILITY LOCATION 610 Menhaden Rd

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	2009	01	01		2009	01	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
FLOW	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 001	REQRMNT	NL	NL	MGD	*****	*****	*****		CONT	MEAS	
PH	REPORTD	*****	*****		*****	*****	*****				

PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0	SU		2D/W	GRAB
BOD5	REPORTD	*****		KG/D	*****	*****	*****				
PARAM CODE: 003	REQRMNT	470	840		*****	*****	*****			2/M	24HC
TSS	REPORTD	*****		KG/D	*****	*****	*****			2/M	24HC
PARAM CODE: 004	REQRMNT	160	410		*****	*****	*****				
COLIFORM, FECAL	REPORTD	*****	*****		*****	NL	*****	N/CML		1/W	GRAB
PARAM CODE: 006	REQRMNT	*****	*****		*****	*****	*****				
PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****	KG/D	*****	*****	*****	MG/L		1/W	24HC
PARAM CODE: 012	REQRMNT	NL	*****		*****	NL	*****				
AMMONIA, AS N	REPORTD	*****	*****		*****	*****	*****	MG/L		2/M	24HC
PARAM CODE: 039	REQRMNT	*****	*****		*****	38	45				

GENERAL PERMIT REQUIREMENTS OR COMMENTS: RE: BMP Attachment C - Facility closed 1/1/09 - 1/4/09.
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
				Theodore Schultz		1911004868	
				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)			PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211
				TYPED OR PRINTED NAME		SIGNATURE	YEAR

Page 3

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

FACILITY LOCATION 610 Menhaden Rd

FROM

YEAR	MO	DAY	TO	YEAR	MO	DAY
2009	01	01		2009	01	31

NO DISCHARGE: X

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL		2D/W	IS	
ENTEROCOCCI	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 140	REQRMNT	*****	*****		*****	NL	*****		1/W	GRAB	
OIL & GREASE	REPORTD	*****		KG/D	*****	*****	*****				
PARAM CODE: 500	REQRMNT	25	46		*****	*****	*****		2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: RE: BMP Attachment C - Facility closed 1/1/09 - 1/4/09.
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS <small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE				
				Theodore Schultz			1911004868	
				TYPED OR PRINTED NAME			CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE	804-453-4211
				TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO.	DAY

Page 4

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

FACILITY LOCATION 610 Menhaden Rd

**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road
Glen Allen, VA 23060

VA0003867	003												
PERMIT NUMBER	DISCHARGE NUMBER												
MONITORING PERIOD													
<table border="1"> <tr><td>YEAR</td><td>MO</td><td>DAY</td></tr> <tr><td>2009</td><td>01</td><td>01</td></tr> </table>	YEAR	MO	DAY	2009	01	01	<table border="1"> <tr><td>YEAR</td><td>MO</td><td>DAY</td></tr> <tr><td>2009</td><td>01</td><td>31</td></tr> </table>	YEAR	MO	DAY	2009	01	31
YEAR	MO	DAY											
2009	01	01											
YEAR	MO	DAY											
2009	01	31											

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM					
FLOW	REPORTD	*****		MGD	*****	*****	*****	SU				
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			CONT	EST	
PH	REPORTD	*****	*****	KG/D	6.0	*****	9.0	SU		2/M	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		*****	*****	*****			2/M	24HC	
BOD5	REPORTD	*****		KG/D	*****	*****	*****	MG/L		2/M	24HC	
PARAM CODE: 003	REQRMNT	4300	7700		*****	*****	*****			2/M	24HC	
TSS	REPORTD	*****		KG/D	*****	*****	*****	MG/L		1/DAY	GRAB	
PARAM CODE: 004	REQRMNT	110	280		*****	*****	*****			1/W	24HC	
DO	REPORTD	*****	*****	KG/D	NL	NL	*****	MG/L		2/M	24HC	
PARAM CODE: 007	REQRMNT	*****	*****		*****	*****	*****					
PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****	KG/D	*****	2.0	*****	MG/L				
PARAM CODE: 012	REQRMNT	3.0	*****		*****	*****	*****					
AMMONIA, AS N	REPORTD	*****	*****	MG/L	*****	37	45	MG/L				
PARAM CODE: 039	REQRMNT	*****	*****		*****	*****	*****					

GENERAL PERMIT REQUIREMENTS OR COMMENTS: RB: BMP Attachment C - Facility closed 1/1/09 - 1/4/09.
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS <small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE				
				Theodore Schultz			1911004868	
				TYPED OR PRINTED NAME			CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE	804-453-4211
				TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO.	DAY

RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		804-453-4211	
TYPED OR PRINTED NAME		SIGNATURE		YEAR	MO. DAY

Page 5

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

FACILITY LOCATION 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
YEAR MO DAY	YEAR MO DAY
2009 01 01	2009 01 31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL		1/DAY	IS	
COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 442	REQRMNT	*****	*****		*****	NL	NL		1/M	GRAB	
OIL & GREASE	REPORTD	*****			*****	*****	*****				
PARAM CODE: 500	REQRMNT	430	780	KG/D	*****	*****	*****		2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: RE: BMP Attachment C - Facility closed 1/1/09 - 1/4/09.
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE				
				Theodore Schultz				
	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)			TYPED OR PRINTED NAME		CERTIFICATE NUMBER		
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211	
				TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO.	DAY

Page 6

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

VA0003867	995
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

FACILITY LOCATION 610 Menhaden Rd

YEAR	MO	DAY	YEAR	MO	DAY
2009	01	01	2009	01	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	*****		MGD	*****	*****	*****					
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			CONT	EST	
PH	REPORTD	*****	*****		*****	*****	*****	SU				
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			5D/W	GRAB	
COPPER, TOTAL (AS CU)	REPORTD	*****	*****		*****	*****	*****	UG/L				
PARAM CODE: 019	REQRMNT	*****	*****		*****	NL	NL			1/M	24HC	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	*****	C				
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	45			1/DAY	IS	
SILVER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	*****	*****	UG/L				
PARAM CODE: 186	REQRMNT	*****	*****		*****	NL	NL			1/M	24HC	
ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		*****	*****	*****	UG/L				
PARAM CODE: 448	REQRMNT	*****	*****		*****	NL	NL			1/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: RE: BMP Attachment C - Facility closed 1/1/09 - 1/4/09.
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
				Theodore Schultz	1911004868		
	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under those statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)			TYPED OR PRINTED NAME	CERTIFICATE NUMBER		
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	804-453-4211	
	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY	

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 1/5/09 To 1/11/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert W. LaBuzare 2/2/09
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 1/12/09 To 1/18/09

Paint Area	COMPLIANCE / NONCOMPLIANCE *	
	(check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert M. LaBuzze 2/2/09
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 11/1/09 To 1/25/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert L. Burns 2/2/09
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 1/24/09 To 1/31/09

Paint Area

COMPLIANCE / NONCOMPLIANCE *
(check as appropriate)

<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor.
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Roberto LaBuzza 2/2/09
Signature of Principal Officer or Authorized Agent / Date

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)NAME: Omega Protein - Reedville
ADDRESS: PO Box 175
Reedville, VA 22539FACILITY 610 Menhaden Rd
LOCATION:COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

YEAR	MO	DAY	YEAR	MO	DAY
2009	02	01	2009	02	28

FROM TO

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM					
FLOW	REPORTD	*****		MGD	*****	*****	*****					
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****					
PH	REPORTD	*****			*****	*****	*****	SU		3D/W	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0					
BOD5	REPORTD	*****		KG/D	*****	*****	*****			3D/W	24HC	
PARAM CODE: 003	REQRMNT	1700	3100		*****	*****	*****					
TSS	REPORTD	*****		KG/D	*****	*****	*****			3D/W	24HC	
PARAM CODE: 004	REQRMNT	650	1600		*****	*****	*****					
CL2, TOTAL	REPORTD	*****			*****	*****	*****	UG/L		1/DAY	GRAB	
PARAM CODE: 005	REQRMNT	*****	*****		*****	580	1200					
PHOSPHORUS, TOTAL (AS P)	REPORTD	*****		KG/D	*****	*****	*****	MG/L		1/W	24HC	
PARAM CODE: 012	REQRMNT	23	*****		*****	2.0	*****					
CYANIDE, TOTAL (AS CN)	REPORTD	*****			*****	*****	*****	UG/L		2/M	GRAB	
PARAM CODE: 018	REQRMNT	*****	*****		*****	96	110					

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
				Theodore Schultz	1911004868		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TYPED OR PRINTED NAME			CERTIFICATE NUMBER			
	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		804-453-4211	
	TYPED OR PRINTED NAME			SIGNATURE		YEAR	MO. DAY

Page 1

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

FACILITY LOCATION 610 Menhaden Rd

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	2009	02	01		2009	02	28

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
AMMONIA, AS N	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 039	REQRMNT	*****	*****		*****	NL	NL		2/M	24HC	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 080	REQRMNT	*****	*****		*****	*****	50		1/DAY	IS	
OIL & GREASE	REPORTD	*****		KG/D	*****	*****	*****				
PARAM CODE: 500	REQRMNT	370	680		*****	*****	*****		3D/W	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE				
				Theodore Schultz				
				1911004868				
				TYPED OR PRINTED NAME				
				CERTIFICATE NUMBER				
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	804-453-4211		
				TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO.	DAY

Page 2

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

FACILITY LOCATION 610 Menhaden Rd

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	2009	02	01		2009	02	28

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
FLOW	REPORTD	*****		MGD	*****	*****	*****				
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****		CONT	MEAS	
PH	REPORTD	*****	*****		*****	*****	*****				

PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0	SU		2D/W	GRAB	
BOD5	REPORTD	*****		KG/D	*****	*****	*****					
PARAM CODE: 003	REQRMNT	470	840		*****	*****	*****			2/M	24HC	
TSS	REPORTD	*****		KG/D	*****	*****	*****					
PARAM CODE: 004	REQRMNT	160	410		*****	*****	*****			2/M	24HC	
COLIFORM, FECAL	REPORTD	*****	*****		*****	*****	*****	N/CML				
PARAM CODE: 006	REQRMNT	*****	*****		*****	NL	*****			1/W	GRAB	
PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****	KG/D	*****	*****	*****	MG/L				
PARAM CODE: 012	REQRMNT	NL	*****		*****	NL	*****			1/W	24HC	
AMMONIA, AS N	REPORTD	*****	*****		*****	*****	*****	MG/L				
PARAM CODE: 039	REQRMNT	*****	*****		*****	38	45			2/M	24HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS <small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
				Theodore Schultz		1911004868	
				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211
				TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO.

Page 3

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

FACILITY LOCATION

610 Menhaden Rd

FROM

YEAR	MO	DAY	YEAR	MO	DAY
2009	02	01	2009	02	28

NO DISCHARGE: X

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL		2D/W	IS	
ENTEROCOCCI	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 140	REQRMNT	*****	*****		*****	NL	*****		1/W	GRAB	
OIL & GREASE	REPORTD	*****		KG/D	*****	*****	*****				
PARAM CODE: 500	REQRMNT	25	46		*****	*****	*****		2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE				
				Theodore Schultz		1911004868		
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER		
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211	
				TYPED OR PRINTED NAME		SIGNATURE	YEAR	MO.

Page 4

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

Piedmont Regional Office
4949-A Cox Road
Glen Allen, VA 23060

FACILITY
LOCATION 610 Menhaden Rd

VA0003867	003												
PERMIT NUMBER	DISCHARGE NUMBER												
MONITORING PERIOD													
<table border="1"> <tr><th>YEAR</th><th>MO</th><th>DAY</th></tr> <tr><td>2009</td><td>02</td><td>01</td></tr> </table>	YEAR	MO	DAY	2009	02	01	<table border="1"> <tr><th>YEAR</th><th>MO</th><th>DAY</th></tr> <tr><td>2009</td><td>02</td><td>28</td></tr> </table>	YEAR	MO	DAY	2009	02	28
YEAR	MO	DAY											
2009	02	01											
YEAR	MO	DAY											
2009	02	28											

FROM TO

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
FLOW	REPORTD	*****		MGD	*****	*****	*****				
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****		CONT	EST	
PH	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0		2/M	GRAB	
BOD5	REPORTD	*****		KG/D	*****	*****	*****				
PARAM CODE: 003	REQRMNT	4300	7700		*****	*****	*****		2/M	24HC	
TSS	REPORTD	*****		KG/D	*****	*****	*****				
PARAM CODE: 004	REQRMNT	110	280		*****	*****	*****		2/M	24HC	
DO	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 007	REQRMNT	*****	*****		NL	NL	*****		1/DAY	GRAB	
PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****	KG/D	*****	*****	*****				
PARAM CODE: 012	REQRMNT	3.0	*****		*****	2.0	*****		1/W	24HC	
AMMONIA, AS N	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 039	REQRMNT	*****	*****		*****	37	45		2/M	24HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
				Theodore Schultz		1911004868	
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	

RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		804-453-4211	
TYPED OR PRINTED NAME		SIGNATURE		YEAR	MO.
				DAY	

Page 5

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

FACILITY LOCATION 610 Menhaden Rd

FROM

YEAR	MO	DAY	TO	YEAR	MO	DAY
2009	02	01		2009	02	28

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	*****	C				
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL			1/DAY	IS	
COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****	*****	*****	UG/L				
PARAM CODE: 442	REQRMNT	*****	*****		*****	NL	NL			1/M	GRAB	
OIL & GREASE	REPORTD	*****		KG/D	*****	*****	*****					
PARAM CODE: 500	REQRMNT	430	780		*****	*****	*****			2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE						
			Theodore Schultz		1911004868				
			TYPED OR PRINTED NAME		CERTIFICATE NUMBER				
			PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE 804-453-4211				
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)			TYPED OR PRINTED NAME		SIGNATURE		YEAR	MO.	DAY

Page 6

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

VA0003867 995
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

FACILITY LOCATION 610 Menhaden Rd

FROM

YEAR MO DAY
2009 02 01 TO YEAR MO DAY
2009 02 28

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM					
FLOW	REPORTD	*****		MGD	*****	*****	*****			CONT	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****					
PH	REPORTD	*****	*****		*****	*****	*****	SU		5D/W	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0					
COPPER, TOTAL (AS CU)	REPORTD	*****	*****		*****	*****	*****	UG/L		1/M	24HC	
PARAM CODE: 019	REQRMNT	*****	*****		*****	NL	NL					
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	*****	C		1/DAY	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	45					
SILVER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	*****	*****	UG/L		1/M	24HC	
PARAM CODE: 186	REQRMNT	*****	*****		*****	NL	NL					
ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		*****	*****	*****	UG/L		1/M	GRAB	
PARAM CODE: 448	REQRMNT	*****	*****		*****	NL	NL					

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE				
				Theodore Schultz	1911004868			
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER		
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211	
				TYPED OR PRINTED NAME		SIGNATURE		YEAR

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 2/1/09 To 2/18/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u>	
	(check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert LaBuzza 3/04/09
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 2/9/09 To 2/15/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u>	
	(check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert V LaBruzzo 3/04/09
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 2/16/09 To 2/22/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert W. De Bonis 3/4/09
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 2/23/09 To 2/27/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u>	
	(check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert LaBuzza 3/4/09
Signature of Principal Officer or Authorized Agent / Date

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME: Omega Protein - Reedville
ADDRESS: PO Box 175
Reedville, VA 22539

FACILITY LOCATION: 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

VA0003867		001	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
YEAR	MO	DAY	YEAR
2009	03	01	2009
FROM		TO	

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM					
FLOW	REPORTD	*****		MGD	*****	*****	*****					
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****					
PH	REPORTD	*****	*****		*****	*****	*****	SU		3D/W	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0					
BOD5	REPORTD	*****		KG/D	*****	*****	*****			3D/W	24HC	
PARAM CODE: 003	REQRMNT	1700	3100		*****	*****	*****					
TSS	REPORTD	*****		KG/D	*****	*****	*****			3D/W	24HC	
PARAM CODE: 004	REQRMNT	650	1600		*****	*****	*****					
CL2, TOTAL	REPORTD	*****	*****		*****	*****	*****	UG/L		1/DAY	GRAB	
PARAM CODE: 005	REQRMNT	*****	*****		*****	580	1200					
PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****	KG/D	*****	*****	*****	MG/L		1/W	24HC	
PARAM CODE: 012	REQRMNT	23	*****		*****	2.0	*****					
CYANIDE, TOTAL (AS CN)	REPORTD	*****	*****		*****	*****	*****	UG/L		2/M	GRAB	
PARAM CODE: 018	REQRMNT	*****	*****		*****	96	110					

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
				Theodore Schultz		1911004868	
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	8044534211
				TYPED OR PRINTED NAME		SIGNATURE	
						YEAR	MO. DAY

Page 1

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FACILITY LOCATION 610 Menhaden Rd

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	2009	03	01		2009	03	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
AMMONIA, AS N	REPORTD	*****	*****		*****	*****	*****	MG/L				
PARAM CODE: 039	REQRMNT	*****	*****		*****	NL	NL			2/M	24HC	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	*****	C				
PARAM CODE: 080	REQRMNT	*****	*****		*****	*****	50			1/DAY	IS	
OIL & GREASE	REPORTD	*****		KG/D	*****	*****	*****					
PARAM CODE: 500	REQRMNT	370	680		*****	*****	*****			3D/W	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
				Theodore Schultz		1911004868	
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1091 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	8044534211
				TYPED OR PRINTED NAME		SIGNATURE	
						YEAR	MO. DAY

Page 2

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FACILITY LOCATION 610 Menhaden Rd

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	2009	03	01		2009	03	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	*****		MGD	*****	*****	*****					
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			CONT	MEAS	
PH	REPORTD	*****	*****		*****	*****	*****					

PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0	SU		2D/W	GRAB	
BOD5	REPORTD	*****		KG/D	*****	*****	*****					
PARAM CODE: 003	REQRMNT	470	840		*****	*****	*****			2/M	24HC	
TSS	REPORTD	*****		KG/D	*****	*****	*****					
PARAM CODE: 004	REQRMNT	160	410		*****	*****	*****			2/M	24HC	
COLIFORM, FECAL	REPORTD	*****	*****		*****	*****	*****	N/CML				
PARAM CODE: 006	REQRMNT	*****	*****		*****	NL	*****			1/W	GRAB	
PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****	KG/D	*****	*****	*****	MG/L				
PARAM CODE: 012	REQRMNT	NL	*****		*****	NL	*****			1/W	24HC	
AMMONIA, AS N	REPORTD	*****	*****		*****	*****	*****	MG/L				
PARAM CODE: 039	REQRMNT	*****	*****		*****	38	45			2/M	24HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE					
				Theodore Schultz		1911004868			
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER			
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	8044534211		
				TYPED OR PRINTED NAME		SIGNATURE	YEAR	MO.	DAY

Page 3

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

FACILITY
LOCATION 610 Menhaden Rd

FROM

YEAR	MO	DAY	YEAR	MO	DAY
2009	03	01	2009	03	31

TO

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	*****	C				
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL			2D/W	IS	
ENTEROCOCCI	REPORTD	*****	*****		*****	*****	*****	N/CML				
PARAM CODE: 140	REQRMNT	*****	*****		*****	NL	*****			1/W	GRAB	
OIL & GREASE	REPORTD	*****		KG/D	*****	*****	*****					
PARAM CODE: 500	REQRMNT	25	46		*****	*****	*****			2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE					
				Theodore Schultz		1911004868			
	<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>			TYPED OR PRINTED NAME		CERTIFICATE NUMBER			
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	8044534211		
			TYPED OR PRINTED NAME		SIGNATURE		YEAR	MO.	DAY

Page 4

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

FACILITY
LOCATION

610 Menhaden Rd

FROM

VA0003867		003	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
YEAR	MO	DAY	
2009	03	01	
TO			
YEAR	MO	DAY	
2009	03	31	

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	*****		MGD	*****	*****	*****					
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			CONT	EST	
PH	REPORTD	*****	*****		*****	*****	*****	SU				
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			2/M	GRAB	
BOD5	REPORTD	*****		KG/D	*****	*****	*****					
PARAM CODE: 003	REQRMNT	4300	7700		*****	*****	*****			2/M	24HC	
TSS	REPORTD	*****		KG/D	*****	*****	*****					
PARAM CODE: 004	REQRMNT	110	280		*****	*****	*****			2/M	24HC	
DO	REPORTD	*****	*****		*****	*****	*****	MG/L				
PARAM CODE: 007	REQRMNT	*****	*****		NL	NL	*****			1/DAY	GRAB	
PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****	KG/D	*****	*****	*****	MG/L				
PARAM CODE: 012	REQRMNT	3.0	*****		*****	2.0	*****			1/W	24HC	
AMMONIA, AS N	REPORTD	*****	*****		*****	*****	*****	MG/L				
PARAM CODE: 039	REQRMNT	*****	*****		*****	37	45			2/M	24HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE				
				Theodore Schultz		1911004868		
	<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY</small>			TYPED OR PRINTED NAME		CERTIFICATE NUMBER		

RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		8044534211	
	TYPED OR PRINTED NAME		SIGNATURE		YEAR	MO.
					DAY	

Page 5

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

FACILITY LOCATION 610 Menhaden Rd

FROM

YEAR	MO	DAY
2009	03	01

TO

YEAR	MO	DAY
2009	03	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	*****	C	1/DAY	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL				
COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****	*****	*****	UG/L	1/M	GRAB	
PARAM CODE: 442	REQRMNT	*****	*****		*****	NL	NL				
OIL & GREASE	REPORTD	*****	*****	KG/D	*****	*****	*****		2/M	GRAB	
PARAM CODE: 500	REQRMNT	430	780		*****	*****	*****				

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
				Theodore Schultz		1911004868	
	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)			TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	8044534211
			TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO.	DAY

Page 6

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

VA0003867	995
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FACILITY LOCATION 610 Menhaden Rd

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	2009	03	01		2009	03	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	*****		MGD	*****	*****	*****					
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			CONT	EST	
PH	REPORTD	*****	*****		*****	*****	*****	SU				
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			5D/W	GRAB	
COPPER, TOTAL (AS CU)	REPORTD	*****	*****		*****	*****	*****	UG/L				
PARAM CODE: 019	REQRMNT	*****	*****		*****	NL	NL			1/M	24HC	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	*****	C				
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	45			1/DAY	IS	
SILVER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	*****	*****	UG/L				
PARAM CODE: 186	REQRMNT	*****	*****		*****	NL	NL			1/M	24HC	
ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		*****	*****	*****	UG/L				
PARAM CODE: 448	REQRMNT	*****	*****		*****	NL	NL			1/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS <small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE				
				Theodore Schultz		1911004868		
				TYPED OR PRINTED NAME		CERTIFICATE NUMBER		
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	8044534211	
			TYPED OR PRINTED NAME		SIGNATURE	YEAR	MO.	DAY

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 03/01/09 To 03/31/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert V. La Bruzzo April 03 2009
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 03/07/09 To 03/15/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schvitz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert V. LaBuzza April 03/2009
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 03/16/09 To 03/22/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert V. Guizzo April 03 2009
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 03/27/09 To 03/31/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert LaBuzza April 03 2009
Signature of Principal Officer or Authorized Agent / Date

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME: Omega Protein - Reedville
ADDRESS: PO Box 175
Reedville, VA 22539

FACILITY LOCATION: 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

YEAR	MO	DAY	YEAR	MO	DAY
2009	04	01	2009	04	30

FROM TO

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
FLOW	REPORTD	*****		MGD	*****	*****	*****				
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****		CONT	EST	
PH	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0		3D/W	GRAB	
BOD5	REPORTD	*****		KG/D	*****	*****	*****				
PARAM CODE: 003	REQRMNT	1700	3100		*****	*****	*****		3D/W	24HC	
TSS	REPORTD	*****		KG/D	*****	*****	*****				
PARAM CODE: 004	REQRMNT	650	1600		*****	*****	*****		3D/W	24HC	
CL2, TOTAL	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 005	REQRMNT	*****	*****		*****	580	1200		1/DAY	GRAB	
PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****	KG/D	*****	*****	*****				
PARAM CODE: 012	REQRMNT	23	*****		*****	2.0	*****		1/W	24HC	
CYANIDE, TOTAL (AS CN)	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 018	REQRMNT	*****	*****		*****	96	110		2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
				Theodore Schultz		1911004868	
	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)			TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211
				TYPED OR PRINTED NAME		SIGNATURE	YEAR MO DAY

Page 1

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

FACILITY LOCATION 610 Menhaden Rd

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	2009	04	01		2009	04	30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
AMMONIA, AS N	REPORTD	****	****		****	****	****				
PARAM CODE: 039	REQRMNT	****	****		****	NL	NL		2/M	24HC	
TEMPERATURE, WATER (DEG. C)	REPORTD	****	****		****	****	****				
PARAM CODE: 080	REQRMNT	****	****		****	****	50		1/DAY	IS	
OIL & GREASE	REPORTD	****		KG/D	****	****	****				
PARAM CODE: 500	REQRMNT	370	680		****	****	****		3D/W	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
				Theodore Schultz		1911004868	
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211
				TYPED OR PRINTED NAME		SIGNATURE	
						YEAR	MO.

Page 2

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

FACILITY LOCATION 610 Menhaden Rd

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	2009	04	01		2009	04	30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
FLOW	REPORTD	****		MGD	****	****	****				
PARAM CODE: 001	REQRMNT	NL	NL		****	****	****		CONT	MEAS	
PH	REPORTD	****	****		****	****	****				

PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0	SU		2D/W	GRAB
BOD5	REPORTD	*****		KG/D	*****	*****	*****				
PARAM CODE: 003	REQRMNT	470	840		*****	*****	*****			2/M	24HC
TSS	REPORTD	*****		KG/D	*****	*****	*****				
PARAM CODE: 004	REQRMNT	160	410		*****	*****	*****			2/M	24HC
COLIFORM, FECAL	REPORTD	*****	*****		*****	*****	*****	N/CML			
PARAM CODE: 006	REQRMNT	*****	*****		*****	NL	*****			1/W	GRAB
PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 012	REQRMNT	1.9	*****	KG/D	*****	2.0	*****	MG/L		1/W	24HC
AMMONIA, AS N	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 039	REQRMNT	*****	*****		*****	38	45	MG/L		2/M	24HC

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE					
				Theodore Schultz		1911004868			
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TYPED OR PRINTED NAME		CERTIFICATE NUMBER			
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211		
				TYPED OR PRINTED NAME		SIGNATURE	YEAR	MO.	DAY

Page 3

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

FACILITY LOCATION 610 Menhaden Rd

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
YEAR MO DAY	YEAR MO DAY
2009 04 01	2009 04 30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	*****	C				
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL			2D/W	IS	
ENTEROCOCCI	REPORTD	*****	*****		*****	*****	*****	N/CML				
PARAM CODE: 140	REQRMNT	*****	*****		*****	NL	*****			1/W	GRAB	
OIL & GREASE	REPORTD	*****		KG/D	*****	*****	*****					
PARAM CODE: 500	REQRMNT	25	46		*****	*****	*****			2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE					
				Theodore Schultz		1911004868			
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER			
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211		
				TYPED OR PRINTED NAME		SIGNATURE	YEAR	MO.	DAY

Page 4

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

FACILITY LOCATION 610 Menhaden Rd

FROM

VA0003867		003	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
YEAR	MO	DAY	
2009	04	01	
TO			
YEAR	MO	DAY	
2009	04	30	

NO DISCHARGE: X

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	*****		MGD	*****	*****	*****					
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			CONT	EST	
PH	REPORTD	*****	*****		*****	*****	*****	SU				
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			2/M	GRAB	
BOD5	REPORTD	*****		KG/D	*****	*****	*****					
PARAM CODE: 003	REQRMNT	4300	7700		*****	*****	*****			2/M	24HC	
TSS	REPORTD	*****		KG/D	*****	*****	*****					
PARAM CODE: 004	REQRMNT	110	280		*****	*****	*****			2/M	24HC	
DO	REPORTD	*****	*****		*****	*****	*****	MG/L				
PARAM CODE: 007	REQRMNT	*****	*****		NL	NL	*****			1/DAY	GRAB	
PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****	KG/D	*****	*****	*****	MG/L				
PARAM CODE: 012	REQRMNT	3.0	*****		*****	2.0	*****			1/W	24HC	
AMMONIA, AS N	REPORTD	*****	*****		*****	*****	*****	MG/L				
PARAM CODE: 039	REQRMNT	*****	*****		*****	37	45			2/M	24HC	

GENERAL, PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
				Theodore Schultz		1911004868	
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	

RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

804-453-4211

TYPED OR PRINTED NAME

SIGNATURE

YEAR

MO.

DAY

Page 5

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

VA0003867 003
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

FACILITY
LOCATION 610 Menhaden Rd

FROM

YEAR	MO	DAY
2009	04	01

TO

YEAR	MO	DAY
2009	04	30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	*****	C				
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL			1/DAY	IS	
COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****	*****	*****	UG/L				
PARAM CODE: 442	REQRMNT	*****	*****		*****	NL	NL			1/M	GRAB	
OIL & GREASE	REPORTD	*****		KG/D	*****	*****	*****					
PARAM CODE: 500	REQRMNT	430	780		*****	*****	*****			2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
				Theodore Schultz	1911004868		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211
				TYPED OR PRINTED NAME		SIGNATURE	
						YEAR	MO. DAY

Page 6

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

VA0003867	995
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
-------------------	--

FACILITY LOCATION 610 Menhaden Rd

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	2009	04	01		2009	04	30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
FLOW	REPORTD	*****		MGD	*****	*****	*****				
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****		CONT	EST	
PH	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0		5D/W	GRAB	
COPPER, TOTAL (AS CU)	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 019	REQRMNT	*****	*****		*****	NL	NL		1/M	24HC	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	45		1/DAY	IS	
SILVER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 186	REQRMNT	*****	*****		*****	NL	NL		1/M	24HC	
ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 448	REQRMNT	*****	*****		*****	NL	NL		1/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS <small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
				Theodore Schultz		1911004868	
				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211
				TYPED OR PRINTED NAME		SIGNATURE	YEAR MO. DAY

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME: Omega Protein - Reedville
ADDRESS: PO Box 175
Reedville, VA 22539

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

FACILITY LOCATION: 610 Menhaden Rd

FROM

YEAR	MO	DAY	YEAR	MO	DAY
2009	02	01	2009	04	30

TO

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
TOXICITY, FINAL, ACUTE	REPORTD	*****	*****		*****	*****	*****	TU-A				
PARAM CODE: 379	REQRMNT	*****	*****		*****	*****	14			1/3M	24HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE					
				Theodore Schultz		1911004868			
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER			
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		804-452-4211	
				TYPED OR PRINTED NAME		SIGNATURE		YEAR MO. DAY	

Page 1

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 4/1/09 To 4/5/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert La Guay May 1 2009
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 4/6/09 To 4/12/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert LaBuzza May 01, 2009
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 4/13/09 To 4/19/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert LaBuzze May 01, 2009
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 4/20/09 To 4/26/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u>	
	(check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert V LaBuzzo May 01, 2009
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 4/27/09 To 4/30/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Robert La Bruzzo May 01, 2009
Signature of Principal Officer or Authorized Agent / Date

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)NAME: Omega Protein - Reedville
ADDRESS: PO Box 175
Reedville, VA 22539COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIODFACILITY
LOCATION: 610 Menhaden Rd

FROM

YEAR	MO	DAY	YEAR	MO	DAY
2009	05	01	2009	05	31

TO

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	1.108	1.551	MGD	*****	*****	*****		0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			CONT	EST	
PH	REPORTD	*****	*****		8.06	*****	8.25	SU	0	3D/W	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			3D/W	GRAB	
BOD5	REPORTD	11.9	14.6	KG/D	*****	*****	*****		0	3D/W	24HC	
PARAM CODE: 003	REQRMNT	1700	3100		*****	*****	*****			3D/W	24HC	
TSS	REPORTD	42.8	58.2	KG/D	*****	*****	*****		0	3D/W	24HC	
PARAM CODE: 004	REQRMNT	650	1600		*****	*****	*****			3D/W	24HC	
CL2, TOTAL	REPORTD	*****	*****		*****	NR	NR	UG/L				
PARAM CODE: 005	REQRMNT	*****	*****		*****	580	1200			1/DAY	GRAB	
PHOSPHORUS, TOTAL (AS P)	REPORTD	1.12	*****	KG/D	*****	0.24	*****	MG/L	0	1/W	24HC	
PARAM CODE: 012	REQRMNT	23	*****		*****	2.0	*****			1/W	24HC	
CYANIDE, TOTAL (AS CN)	REPORTD	*****	*****		*****	<QL	<QL	UG/L	0	2/M	GRAB	
PARAM CODE: 018	REQRMNT	*****	*****		*****	96	110			2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
	0	0	0	Theodore Schultz		1911004868	
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	8044534211
				TYPED OR PRINTED NAME		SIGNATURE	
						YEAR	MO. DAY

Page 1

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FACILITY LOCATION 610 Menhaden Rd

FROM

YEAR	MO	DAY
2009	05	01

TO

YEAR	MO	DAY
2009	05	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
AMMONIA, AS N	REPORTD	*****	*****		*****	0.41	0.70	MG/L	0	2/M	24HC	
PARAM CODE: 039	REQRMNT	*****	*****		*****	NL	NL			2/M	24HC	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	30.2	C	0	1/DAY	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	*****	50			1/DAY	IS	
OIL & GREASE	REPORTD	<QL	<QL	KG/D	*****	*****	*****		0	3D/W	GRAB	
PARAM CODE: 500	REQRMNT	370	680		*****	*****	*****			3D/W	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
	0	0	0	Theodore Schultz		1911004868	
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	8044534211
				TYPED OR PRINTED NAME		SIGNATURE	
						YEAR	MO. DAY

Page 2

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FACILITY LOCATION 610 Menhaden Rd

FROM

YEAR	MO	DAY
2009	05	01

TO

YEAR	MO	DAY
2009	05	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	0.153	0.179	MGD	*****	*****	*****		0	CONT	MEAS	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			CONT	MEAS	
PH	REPORTD	*****	*****		6.57	*****	6.79	SU	0	2D/W	GRAB	

PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			2D/W	GRAB
BOD5	REPORTD	5.22	5.22	KG/D	*****	*****	*****		0	2/M	24HC
PARAM CODE: 003	REQRMNT	470	840		*****	*****	*****			2/M	24HC
TSS	REPORTD	4.61	4.61	KG/D	*****	*****	*****		0	2/M	24HC
PARAM CODE: 004	REQRMNT	160	410		*****	*****	*****			2/M	24HC
COLIFORM, FECAL	REPORTD	*****	*****		*****	11	*****	N/CML	0	1/W	GRAB
PARAM CODE: 006	REQRMNT	*****	*****		*****	NL	*****			1/W	GRAB
PHOSPHORUS, TOTAL (AS P)	REPORTD	0.10	*****	KG/D	*****	0.14	*****	MG/L	0	1/W	24HC
PARAM CODE: 012	REQRMNT	1.9	*****		*****	2.0	*****			1/W	24HC
AMMONIA, AS N	REPORTD	*****	*****		*****	0.97	0.97	MG/L	0	2/M	24HC
PARAM CODE: 039	REQRMNT	*****	*****		*****	38	45			2/M	24HC

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE					
	0	0	0	Theodore Schultz 1911004868					
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER			
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	8044534211		
				TYPED OR PRINTED NAME		SIGNATURE	YEAR	MO.	DAY

Page 3

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

FACILITY LOCATION 610 Menhaden Rd

FROM

YEAR	MO	DAY
2009	05	01

TO

YEAR	MO	DAY
2009	05	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	24.3	25.4	C	0	2D/W	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL			2D/W	IS	
ENTEROCOCCI	REPORTD	*****	*****		*****	29	*****	N/CML	0	1/W	GRAB	
PARAM CODE: 140	REQRMNT	*****	*****		*****	NL	*****			1/W	GRAB	
OIL & GREASE	REPORTD	<QL	<QL	KG/D	*****	*****	*****		0	2/M	GRAB	
PARAM CODE: 500	REQRMNT	25	46		*****	*****	*****			2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE				
	0	0	0	Theodore Schultz		1911004868		
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER		
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	8044534211	
				TYPED OR PRINTED NAME		SIGNATURE	YEAR	MO.

Page 4

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

FACILITY LOCATION 610 Menhaden Rd

FROM

VA0003867		003	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
YEAR	MO	DAY	
2009	05	01	
TO		YEAR	MO
		2009	05
		DAY	31

NO DISCHARGE: X

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
FLOW	REPORTD	*****		MGD	*****	*****	*****				
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****		CONT	EST	
PH	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0		2/M	GRAB	
BOD5	REPORTD	*****		KG/D	*****	*****	*****				
PARAM CODE: 003	REQRMNT	4300	7700		*****	*****	*****		2/M	24HC	
TSS	REPORTD	*****		KG/D	*****	*****	*****				
PARAM CODE: 004	REQRMNT	110	280		*****	*****	*****		2/M	24HC	
DO	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 007	REQRMNT	*****	*****		NL	NL	*****		1/DAY	GRAB	
PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****	KG/D	*****	*****	*****				
PARAM CODE: 012	REQRMNT	3.0	*****		*****	2.0	*****		1/W	24HC	
AMMONIA, AS N	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 039	REQRMNT	*****	*****		*****	37	45		2/M	24HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
				Theodore Schultz		1911004868	
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	

<small>RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		8044534211		
	TYPED OR PRINTED NAME		SIGNATURE		YEAR MO DAY		

Page 5

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

FACILITY LOCATION 610 Menhaden Rd

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	2009	05	01		2009	05	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM					
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	*****	C				
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL			1/DAY	IS	
COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****	*****	*****	UG/L				
PARAM CODE: 442	REQRMNT	*****	*****		*****	NL	NL			1/M	GRAB	
OIL & GREASE	REPORTD	*****	*****	KG/D	*****	*****	*****					
PARAM CODE: 500	REQRMNT	430	780		*****	*****	*****			2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>	BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		
					Theodore Schultz		1911004868
					TYPED OR PRINTED NAME		CERTIFICATE NUMBER
					PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE 8044534211
				TYPED OR PRINTED NAME		SIGNATURE	YEAR MO DAY

Page 6

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

VA0003867	995
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

FACILITY LOCATION 610 Menhaden Rd

YEAR	MO	DAY	TO	YEAR	MO	DAY
2009	05	01		2009	05	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	1.097	1.536	MGD	*****	*****	*****		0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			CONT	EST	
PH	REPORTD	*****	*****		7.77	*****	8.28	SU	0	5D/W	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			5D/W	GRAB	
COPPER, TOTAL (AS CU)	REPORTD	*****	*****		*****	5.0	5.0	UG/L	0	1/M	24HC	
PARAM CODE: 019	REQRMNT	*****	*****		*****	NL	NL			1/M	24HC	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	30.2	37.6	C	0	1/DAY	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	45			1/DAY	IS	
SILVER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	<QL	<QL	UG/L	0	1/M	24HC	
PARAM CODE: 186	REQRMNT	*****	*****		*****	NL	NL			1/M	24HC	
ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		*****	<QL	<QL	UG/L	0	1/M	GRAB	
PARAM CODE: 448	REQRMNT	*****	*****		*****	NL	NL			1/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS <small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE				
	0	0	0	Theodore Schultz		1911004868		
				TYPED OR PRINTED NAME		CERTIFICATE NUMBER		
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	8044534211	
			TYPED OR PRINTED NAME		SIGNATURE	YEAR	MO.	DAY



OMEGA
PROTEIN

DMR REPORTING

Cockrell Creek

REEDVILLE, VA

Outfall (20' from)	Date	Time	Temp (°C)	pH (SU)	Ammonia (mg/l)	Salinity (ppt)
-----------------------	------	------	-----------	---------	-------------------	----------------

001	26-May-09	9:50	24.3	8.47	0.19	14.0
-----	-----------	------	------	------	------	------

002	26-May-09	9:40	24.3	8.58	3.42	14.0
-----	-----------	------	------	------	------	------

995	26-May-09	9:55	25.1	8.36	0.180	14.0
-----	-----------	------	------	------	-------	------

VA0003867

Part I B 4

Chesapeake Bay Water Quality Monitoring Data

Date	Time of Sample	Predischage						Time of Sample	After Discharge					
		BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt		BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28	17:10	2.2	9.51	<0.1	21.6	8.43	14	17:15	2.6	9.7	<0.1	21.6	8.45	15
29														
30														
31														
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt

Name of Vessel: Smuggler's Point

Name of Sampler: Ted Schultz

Chesapeake Bay Water Quality Monitoring Data

Date	Time of Sample	Predischarge						Time of Sample	After Discharge					
		BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt		BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28	16:55	7.3	9.92	0.19	21.9	8.32	15	17:05	2.4	9.93	<0.1	21.8	8.83	14
29														
30														
31														
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt

Name of Vessel: Shearwater

Name of Sampler: Ted Schultz

CB Refrig Water #1 Shearwater May 2009.xls

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 5/1/09 To 5/10/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

William E. Russell 6/5/2009
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 5/11/09 To 5/17/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

William E. Russell 5/15/2009
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 5/18/09 To 5/24/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

William E. Russell 6/5/2009
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 5/25/09 To 5/31/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years).

Will E. [Signature] 6/5/2009
Signature of Principal Officer or Authorized Agent / Date

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME: Omega Protein - Reedville
ADDRESS: PO Box 175
Reedville, VA 22539

FACILITY LOCATION: 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD					
-------------------	--	--	--	--	--

YEAR	MO	DAY	YEAR	MO	DAY
2009	06	01	2009	06	30

FROM TO

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	2.568	4.254	MGD	*****	*****	*****		0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			CONT	EST	
PH	REPORTD	*****	*****		7.01	*****	8.20	SU	0	3D/W	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			3D/W	GRAB	
BOD5	REPORTD	117.5	938.5	KG/D	*****	*****	*****		0	3D/W	24HC	
PARAM CODE: 003	REQRMNT	1700	3100		*****	*****	*****			3D/W	24HC	
TSS	REPORTD	151.5	383.5	KG/D	*****	*****	*****		0	3D/W	24HC	
PARAM CODE: 004	REQRMNT	650	1600		*****	*****	*****			3D/W	24HC	
CL2, TOTAL	REPORTD	*****	*****		*****	NR	NR	UG/L				
PARAM CODE: 005	REQRMNT	*****	*****		*****	580	1200			1/DAY	GRAB	
PHOSPHORUS, TOTAL (AS P)	REPORTD	0.67	*****	KG/D	*****	0.09	*****	MG/L	0	1/W	24HC	
PARAM CODE: 012	REQRMNT	23	*****		*****	2.0	*****			1/W	24HC	
CYANIDE, TOTAL (AS CN)	REPORTD	*****	*****		*****	34.0	52.4	UG/L	0	2/M	GRAB	
PARAM CODE: 018	REQRMNT	*****	*****		*****	96	110			2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
0	0	0	0	Theodore Schultz		1911004868	
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	8044534211
				TYPED OR PRINTED NAME		SIGNATURE	YEAR MO DAY

Page 1

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

FACILITY LOCATION 610 Menhaden Rd

FROM

YEAR	MO	DAY	TO	YEAR	MO	DAY
2009	06	01		2009	06	30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
AMMONIA, AS N	REPORTD	*****	*****		*****	0.36	0.58	0	2/M	24HC	
PARAM CODE: 039	REQRMNT	*****	*****		*****	NL	NL		2/M	24HC	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	36.8	0	1/DAY	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	*****	50		1/DAY	IS	
OIL & GREASE	REPORTD	<QL	<QL	KG/D	*****	*****	*****	0	3D/W	GRAB	
PARAM CODE: 500	REQRMNT	370	680		*****	*****	*****		3D/W	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS <small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE					
	0	0	0	Theodore Schultz			1911004868		
				TYPED OR PRINTED NAME			CERTIFICATE NUMBER		
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		8044534211
			TYPED OR PRINTED NAME			SIGNATURE		YEAR MO DAY	

Page 2

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

FACILITY LOCATION 610 Menhaden Rd

FROM

YEAR	MO	DAY	TO	YEAR	MO	DAY
2009	06	01		2009	06	30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
FLOW	REPORTD	0.203	0.364	MGD	*****	*****	*****	0	CONT	MEAS	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****		CONT	MEAS	
PH	REPORTD	*****	*****		6.72	*****	7.75	0	2D/W	GRAB	

SU

PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			2D/W	GRAB
BOD5	REPORTD	13.0	19.2	KG/D	*****	*****	*****		0	2/M	24HC
PARAM CODE: 003	REQRMNT	470	340		*****	*****	*****			2/M	24HC
TSS	REPORTD	5.23	5.41	KG/D	*****	*****	*****		0	2/M	24HC
PARAM CODE: 004	REQRMNT	160	410		*****	*****	*****			2/M	24HC
COLIFORM, FECAL	REPORTD	*****	*****		*****	14	*****	N/CML	0	1/W	GRAB
PARAM CODE: 006	REQRMNT	*****	*****		*****	NL	*****			1/W	GRAB
PHOSPHORUS, TOTAL (AS P)	REPORTD	0.18	*****	KG/D	*****	0.19	*****	MG/L	0	1/W	24HC
PARAM CODE: 012	REQRMNT	1.9	*****		*****	2.0	*****			1/W	24HC
AMMONIA, AS N	REPORTD	*****	*****		*****	0.82	0.85	MG/L	0	2/M	24HC
PARAM CODE: 039	REQRMNT	*****	*****		*****	38	45			2/M	24HC

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS 0	TOTAL OCCURENCES 0	TOTAL FLOW(M. G.) 0	TOTAL BOD5(K.G.) 0	OPERATOR IN RESPONSIBLE CHARGE Theodore Schultz 1911004868						
				TYPED OR PRINTED NAME				CERTIFICATE NUMBER		
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				TELEPHONE		8044534211
				TYPED OR PRINTED NAME		SIGNATURE		YEAR	MO.	DAY
				I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)						

Page 3

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

FACILITY LOCATION 610 Menhaden Rd

FROM

VA0003867 PERMIT NUMBER			002 DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2009	06	01	2009	06	30

TO

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	26.4	28.5	C	0	2D/W	IS	
PARAM CODE: 030	REQRMNT	*****	*****		*****	NL	NL			2D/W	IS	
ENTEROCOCCI	REPORTD	*****	*****		*****	25	*****	N/CML	0	1/W	GRAB	
PARAM CODE: 140	REQRMNT	*****	*****		*****	NL	*****			1/W	GRAB	
OIL & GREASE	REPORTD	<QL	<QL	KG/D	*****	*****	*****		0	2/M	GRAB	
PARAM CODE: 500	REQRMNT	25	46		*****	*****	*****			2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
	0	0	0	Theodore Schultz 1911004868			
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	8044534211
				TYPED OR PRINTED NAME		SIGNATURE	YEAR MO DAY

Page 4

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

FACILITY
LOCATION 610 Menhaden Rd

FROM

VA0003867		003	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
YEAR	MO	DAY	
2009	06	01	
TO			
YEAR	MO	DAY	
2009	06	30	

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	*****		MGD	*****	*****	*****					
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			CONT	EST	
PH	REPORTD	*****	*****		*****	*****	*****	SU				
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			2/M	GRAB	
BOD5	REPORTD	*****		KG/D	*****	*****	*****					
PARAM CODE: 003	REQRMNT	4300	7700		*****	*****	*****			2/M	24HC	
TSS	REPORTD	*****		KG/D	*****	*****	*****					
PARAM CODE: 004	REQRMNT	110	280		*****	*****	*****			2/M	24HC	
DO	REPORTD	*****	*****		*****	*****	*****	MG/L				
PARAM CODE: 007	REQRMNT	*****	*****		NL	NL	*****			1/DAY	GRAB	
PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****	KG/D	*****	*****	*****	MG/L				
PARAM CODE: 012	REQRMNT	3.0	*****		*****	2.0	*****			1/W	24HC	
AMMONIA, AS N	REPORTD	*****	*****		*****	*****	*****	MG/L				
PARAM CODE: 039	REQRMNT	*****	*****		*****	37	45			2/M	24HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		
				Theodore Schultz 1911004868		
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER

RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		8044534211	
TYPED OR PRINTED NAME		SIGNATURE		YEAR	MO.
				DAY	

Page 5

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

FACILITY LOCATION 610 Menhaden Rd

FROM

YEAR	MO	DAY	TO	YEAR	MO	DAY
2009	06	01		2009	06	30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL		1/DAY	IS	
COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 442	REQRMNT	*****	*****		*****	NL	NL		1/M	GRAB	
OIL & GREASE	REPORTD	*****		KG/D	*****	*****	*****				
PARAM CODE: 500	REQRMNT	430	780		*****	*****	*****		2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE				
				Theodore Schultz		1911004868		
	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)			TYPED OR PRINTED NAME		CERTIFICATE NUMBER		
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	8044534211	
				TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO.	DAY

Page 6

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

VA0003867	995
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

FACILITY LOCATION 610 Menhaden Rd

YEAR	MO	DAY	YEAR	MO	DAY
2009	06	01	2009	06	30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM					
FLOW	REPORTD	2.463	4.212	MGD	*****	*****	*****		0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			CONT	EST	
PH	REPORTD	*****	*****		7.68	*****	8.29	SU	0	5D/W	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			5D/W	GRAB	
COPPER, TOTAL (AS CU)	REPORTD	*****	*****		*****	4.0	4.0	UG/L	0	1/M	24HC	
PARAM CODE: 019	REQRMNT	*****	*****		*****	NL	NL			1/M	24HC	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	31.7	37.4	C	0	1/DAY	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	45			1/DAY	IS	
SILVER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	<QL	<QL	UG/L	0	1/M	24HC	
PARAM CODE: 186	REQRMNT	*****	*****		*****	NL	NL			1/M	24HC	
ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		*****	<QL	<QL	UG/L	0	1/M	GRAB	
PARAM CODE: 448	REQRMNT	*****	*****		*****	NL	NL			1/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
	0	0	0	Theodore Schultz		1911004868	
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	8044534211
				TYPED OR PRINTED NAME		SIGNATURE	YEAR MO. DAY



OMEGA
PROTEIN™

DMR REPORTING

Cockrell Creek

REEDVILLE, VA

Outfall (20' from)	Date	Time	Temp (°C)	pH (SU)	Ammonia (mg/l)	Salinity (ppt)
001	9-Jun-09	10:48	27.5	7.79	0.59	14
002	9-Jun-09	10:40	27.8	7.66	0.63	13
995	9-Jun-09	10:54	29.3	7.77	0.580	14

VA0003867

Part I B 4

4/29/2010

DMR Cockrell Creek June 2009.xls

Page 1 of 1

Chesapeake Bay Water Quality Monitoring Data

Date	Time of Sample	Predischage						Time of Sample	After Discharge					
		BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt		BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30	9:25	<2	8.56	<0.1	26.1	8.27	13	9:35	<2	8.37	<0.1	26.0	8.43	13
31														
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt

Name of Vessel: Smuggler's Point

Name of Sampler: Ted Schultz

Chesapeake Bay Water Quality Monitoring Data

Predischage								After Discharge						
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30	11:30	<2	8.62	<0.1	26.3	8.22	13	11:40	<2	8.4	<0.1	26.1	8.39	13
31														
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt

Name of Vessel: Kimberly

Name of Sampler: Ted Schultz

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 6/1/09 To 6/7/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Will E. Russell 7/8/2009
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 6/8/09 To 6/14/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

William E. Russell 7/8/2009
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 6/15/09 To 6/21/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

W. E. Russell 7/8/2009
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 6/22/09 To 6/30/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

William E. Russell 7/2/09
Signature of Principal Officer or Authorized Agent / Date

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)NAME: Omega Protein - Reedville
ADDRESS: PO Box 175
Reedville, VA 22539FACILITY
LOCATION: 610 Monhaden RdCOMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

VA0003867 001
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

FROM
YEAR MO DAY 2009 07 01 TO YEAR MO DAY 2009 07 31NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	2.643	4.254	MGD	*****	*****	*****		0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			CONT	EST	
PH	REPORTD	*****	*****		7.17	*****	8.05	SU	0	3D/W	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			3D/W	GRAB	
BOD5	REPORTD	151.0	369.0	KG/D	*****	*****	*****		0	3D/W	24HC	
PARAM CODE: 003	REQRMNT	1700	3100		*****	*****	*****			3D/W	24HC	
TSS	REPORTD	179.6	645.4	KG/D	*****	*****	*****		0	3D/W	24HC	
PARAM CODE: 004	REQRMNT	650	1600		*****	*****	*****			3D/W	24HC	
CL2, TOTAL	REPORTD	*****	*****		*****	NR	NR	UG/L		1/DAY	GRAB	
PARAM CODE: 005	REQRMNT	*****	*****		*****	580	1200					
PHOSPHORUS, TOTAL (AS P)	REPORTD	5.21	*****	KG/D	*****	0.38	*****	MG/L	0	1/W	24HC	
PARAM CODE: 012	REQRMNT	23	*****		*****	2.0	*****			1/W	24HC	
CYANIDE, TOTAL (AS CN)	REPORTD	*****	*****		*****	19.6	25.0	UG/L	0	2/M	GRAB	
PARAM CODE: 013	REQRMNT	*****	*****		*****	96	110			2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
	0	0	0	Theodore Schultz		1911004868	
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1091 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	8044534211
				TYPED OR PRINTED NAME		SIGNATURE	YEAR MO DAY

Page 1

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

NAME Omega Protein - Reedville
 ADDRESS PO Box 175
 Reedville, VA 22539

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FACILITY LOCATION 610 Menhaden Rd

FROM

YEAR	MO	DAY
2009	07	01

TO

YEAR	MO	DAY
2009	07	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
AMMONIA, AS N	REPORTD	*****	*****		*****	3.32	4.28	MG/L	0	2/M	24HC	
PARAM CODE: 039	REQRMNT	*****	*****		*****	NL	NL			2/M	24HC	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	42.2	C	0	1/DAY	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	*****	50			1/DAY	IS	
OIL & GREASE	REPORTD	<QL	<QL	KG/D	*****	*****	*****		0	3D/W	GRAB	
PARAM CODE: 500	REQRMNT	370	680		*****	*****	*****			3D/W	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
 PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
	0	0	0	Theodore Schultz		1911004868	
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY OATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHIERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	8044534211
				TYPED OR PRINTED NAME		SIGNATURE	
						YEAR	MO. DAY

Page 2

PERMITTEE NAME/ADDRESS (INCLUDE
 FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
 ADDRESS PO Box 175
 Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
 DEPARTMENT OF ENVIRONMENTAL QUALITY
 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
 (REGIONAL OFFICE)

Piedmont Regional Office
 4949-A Cox Road

Glen Allen, VA 23060

FACILITY LOCATION 610 Menhaden Rd

FROM

YEAR	MO	DAY
2009	07	01

TO

YEAR	MO	DAY
2009	07	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	.177	.272	MGD	*****	*****	*****		0	CONT	MEAS	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			CONT	MEAS	
PH	REPORTD	*****	*****		6.50	*****	7.65	SU	0	2D/W	GRAB	

PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			2D/W	GRAB	
BOD5	REPORTD	4.8	9.7	KG/D	*****	*****	*****		0	2/M	24HC	
PARAM CODE: 003	REQRMNT	470	840		*****	*****	*****			2/M	24HC	
TSS	REPORTD	6.6	10.2	KG/D	*****	*****	*****		0	2/M	24HC	
PARAM CODE: 004	REQRMNT	160	410		*****	*****	*****			2/M	24HC	
COLIFORM, FECAL	REPORTD	*****	*****		*****	0.1	*****	N/CML	0	1/W	GRAB	
PARAM CODE: 006	REQRMNT	*****	*****		*****	NL	*****			1/W	GRAB	
PHOSPHORUS, TOTAL (AS P)	REPORTD	0.24	*****	KG/D	*****	0.36	*****	MG/L	0	1/W	24HC	
PARAM CODE: 012	REQRMNT	1.9	*****		*****	2.0	*****			1/W	24HC	
AMMONIA, AS N	REPORTD	*****	*****		*****	1.90	3.38	MG/L	0	2/M	24HC	
PARAM CODE: 039	REQRMNT	*****	*****		*****	38	45			2/M	24HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
	0	0	0	Theodore Schultz		1911004868	
	<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>			TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	8044534211
			TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO.	DAY

Page 3

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

FACILITY LOCATION 610 Menhaden Rd

FROM

VA0003867			002		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2009	07	01	2009	07	31

TO

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	27.4	30.4	C	0	2D/W	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL			2D/W	IS	
ENTEROCOCCI	REPORTD	*****	*****		*****	31.8	*****	N/CML	0	1/W	GRAB	
PARAM CODE: 140	REQRMNT	*****	*****		*****	NL	*****			1/W	GRAB	
OIL & GREASE	REPORTD	<QL	<QL	KG/D	*****	*****	*****		0	2/M	GRAB	
PARAM CODE: 500	REQRMNT	25	46		*****	*****	*****			2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE				
	0	0	0	Theodore Schultz		1911004868		
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER		
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	8044534211	
				TYPED OR PRINTED NAME		SIGNATURE	YEAR	MO.

Page 4

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

FACILITY
LOCATION 610 Menhaden Rd

FROM

YEAR	MO	DAY	YEAR	MO	DAY
2009	07	01	2009	07	31

TO

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
FLOW	REPORTD	*****		MGD	*****	*****	*****				
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****		CONT	EST	
PH	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0		2/M	GRAB	
BOD5	REPORTD	*****		KG/D	*****	*****	*****				
PARAM CODE: 003	REQRMNT	4300	7700		*****	*****	*****		2/M	24HC	
TSS	REPORTD	*****		KG/D	*****	*****	*****				
PARAM CODE: 004	REQRMNT	110	280		*****	*****	*****		2/M	24HC	
DO	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 007	REQRMNT	*****	*****		NL	NL	*****		1/DAY	GRAB	
PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****	KG/D	*****	*****	*****				
PARAM CODE: 012	REQRMNT	3.0	*****		*****	2.0	*****		1/W	24HC	
AMMONIA, AS N	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 039	REQRMNT	*****	*****		*****	37	45		2/M	24HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE	
				Theodore Schultz	1911004868
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY</small>				TYPED OR PRINTED NAME	
				CERTIFICATE NUMBER	

<small>RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		8044534211	
	TYPED OR PRINTED NAME		SIGNATURE		YEAR	MO.

Page 5

 PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

 NAME Omega Protein - Reedville
 ADDRESS PO Box 175
 Reedville, VA 22539

 COMMONWEALTH OF VIRGINIA
 DEPARTMENT OF ENVIRONMENTAL QUALITY
 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

 DEPT. OF ENVIRONMENTAL QUALITY
 (REGIONAL OFFICE)

 Piedmont Regional Office
 4949-A Cox Road

Glen Allen, VA 23060

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

FACILITY LOCATION 610 Menhaden Rd

FROM

YEAR	MO	DAY	TO	YEAR	MO	DAY
2009	07	01		2009	07	31

 NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
 BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL		1/DAY	IS	
COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 442	REQRMNT	*****	*****		*****	NL	NL		1/M	GRAB	
OIL & GREASE	REPORTD	*****			*****	*****	*****				
PARAM CODE: 500	REQRMNT	430	780	KG/D	*****	*****	*****		2/M	GRAB	

 GENERAL PERMIT REQUIREMENTS OR COMMENTS:
 PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
				Theodore Schultz		1911004868	
	<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>			TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	8044534211
			TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO.	DAY

Page 6

 PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

 COMMONWEALTH OF VIRGINIA
 DEPARTMENT OF ENVIRONMENTAL QUALITY
 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

 DEPT. OF ENVIRONMENTAL QUALITY
 (REGIONAL OFFICE)

 Piedmont Regional Office
 4949-A Cox Road

Glen Allen, VA 23060

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

VA0003867	995
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FACILITY LOCATION 610 Menhaden Rd

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	2009	07	01		2009	07	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM					
FLOW	REPORTD	2.555	4.212	MGD	*****	*****	*****		0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			CONT	EST	
PH	REPORTD	*****	*****		7.55	*****	8.06	SU	0	5D/W	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			5D/W	GRAB	
COPPER, TOTAL (AS CU)	REPORTD	*****	*****		*****	4.0	4.0	UG/L	0	1/M	24HC	
PARAM CODE: 019	REQRMNT	*****	*****		*****	NL	NL			1/M	24HC	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	34.0	42.0	C	0	1/DAY	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	45			1/DAY	IS	
SILVER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	<QL	<QL	UG/L	0	1/M	24HC	
PARAM CODE: 186	REQRMNT	*****	*****		*****	NL	NL			1/M	24HC	
ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		*****	<QL	<QL	UG/L	0	1/M	GRAB	
PARAM CODE: 448	REQRMNT	*****	*****		*****	NL	NL			1/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
	0	0	0	Theodore Schultz		1911004868	
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	8044534211
				TYPED OR PRINTED NAME		SIGNATURE	
						YEAR	MO. DAY



OMEGA
PROTEIN™

DMR REPORTING

Cockrell Creek

REEDVILLE, VA

Outfall (20' from)	Date	Time	Temp (°C)	pH (SU)	Ammonia (mg/l)	Salinity (ppt)
001	16-Jul-09	7:40	26.8	8.13	0.64	14
002	16-Jul-09	7:28	25.5	8.31	0.28	14
995	16-Jul-09	7:50	25.6	8.20	0.60	14

Chesapeake Bay Water Quality Monitoring Data

Date	Time of Sample	Predischage						After Discharge						Date
		BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt	
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30	15:15	2.7	7.52	<0.1	27.4	7.28	16	15:20	5.5	7.22	0.17	27.2	7.62	15
31														
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt

Name of Vessel: Smuggler's Pt.

Name of Sampler: Ted Schultz

Chesapeake Bay Water Quality Monitoring Data

Date	Time of Sample	Predischage						After Discharge						pH	Salinity
		BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt		
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															
21															
22															
23															
24															
25															
26															
27															
28															
29															
30	14:45	2.8	7.44	<0.1	27.7	7.10	16	14:50	6.9	7.25	0.28	27.9	8.23	15	
31															
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt	

Name of Vessel: Tangier Is.

Name of Sampler: Ted Schultz

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME: Omega Protein - Reedville
ADDRESS: PO Box 175
Reedville, VA 22539

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

FACILITY LOCATION: 610 Menhaden Rd

FROM

YEAR	MO	DAY	YEAR	MO	DAY
2009	05	01	2009	07	31

TO

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
TOXICITY, FINAL, ACUTE	REPORTD	*****	*****		*****	*****	<1.00		0	1/3M	24HC	
PARAM CODE: 379	REQRMNT	*****	*****		*****	*****	14	TU-A		1/3M	24HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE					
	0	0	0	Theodore Schultz		1911004868			
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER			
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	8044534211		
				TYPED OR PRINTED NAME		SIGNATURE	YEAR	MO.	DAY

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 7/1/09 To 7/15/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

W. E. Russell 8/6/2009
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 7/6/09 To 7/12/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Will E. Russell 8/6/2009
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 7/13/09 To 7/19/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

W. O. Edmunds 8/6/2009
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 7/20/09 To 7/24/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Will E. Russell 8/4/2009
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 7/27/09 To 7/31/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Will E. Ruel 8/9/2009
Signature of Principal Officer or Authorized Agent / Date

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME: Omega Protein - Reedville
ADDRESS: PO Box 175
Reedville, VA 22539

FACILITY
LOCATION: 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

YEAR	MO	DAY	YEAR	MO	DAY
2009	08	01	2009	08	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
FLOW	REPORTD	3.220	4.254	MGD	*****	*****	*****	0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****		CONT	EST	
PH	REPORTD	*****	*****		7.26	*****	8.44	0	3D/W	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0		3D/W	GRAB	
BOD5	REPORTD	133.4	457.3	KG/D	*****	*****	*****	0	3D/W	24HC	
PARAM CODE: 003	REQRMNT	1700	3100		*****	*****	*****		3D/W	24HC	
TSS	REPORTD	109.9	278.3	KG/D	*****	*****	*****	0	3D/W	24HC	
PARAM CODE: 004	REQRMNT	650	1600		*****	*****	*****		3D/W	24HC	
CL2, TOTAL	REPORTD	*****	*****		*****	NR	NR	0			
PARAM CODE: 005	REQRMNT	*****	*****		*****	580	1200		1/DAY	GRAB	
PHOSPHORUS, TOTAL (AS P)	REPORTD	4.74	*****	KG/D	*****	0.46	*****	0	1/W	24HC	
PARAM CODE: 012	REQRMNT	23	*****		*****	2.0	*****		1/W	24HC	
CYANIDE, TOTAL (AS CN)	REPORTD	*****	*****		*****	<QL	<QL	0	2/M	GRAB	
PARAM CODE: 018	REQRMNT	*****	*****		*****	96	110		2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		
	0	0	0	Theodore Schultz	1911004868	
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.)	TYPED OR PRINTED NAME		CERTIFICATE NUMBER			
	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211		
	TYPED OR PRINTED NAME		SIGNATURE	YEAR	MO. DAY	

Page 1

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

FACILITY LOCATION 610 Menhaden Rd

FROM

YEAR	MO	DAY	TO	YEAR	MO	DAY
2009	08	01		2009	08	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
AMMONIA, AS N	REPORTD	*****	*****		*****	3.5l	3.64	MG/L	0	2/M	24HC	
PARAM CODE: 039	REQRMNT	*****	*****		*****	NL	NL			2/M	24HC	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	40.5	C	0	1/DAY	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	*****	50			1/DAY	IS	
OIL & GREASE	REPORTD	<QL	<QL	KG/D	*****	*****	*****		0	3D/W	GRAB	
PARAM CODE: 500	REQRMNT	370	680		*****	*****	*****			3D/W	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		
	0	0	0	Theodore Schultz		
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE
				TYPED OR PRINTED NAME		SIGNATURE
				YEAR		MO.

Page 2

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

FACILITY LOCATION 610 Menhaden Rd

FROM

YEAR	MO	DAY	TO	YEAR	MO	DAY
2009	08	01		2009	08	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	0.177	0.367	MGD	*****	*****	*****		0	CONT	MEAS	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			CONT	MEAS	
PH	REPORTD	*****	*****		6.34	*****	8.31	SU	0	2D/W	GRAB	

PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			2D/W	GRAB
BOD5	REPORTD	58.2	116.4	KG/D	*****	*****	*****		0	2/M	24HC
PARAM CODE: 003	REQRMNT	470	840		*****	*****	*****			2/M	24HC
TSS	REPORTD	5.34	7.23	KG/D	*****	*****	*****		0	2/M	24HC
PARAM CODE: 004	REQRMNT	160	410		*****	*****	*****			2/M	24HC
COLIFORM, FECAL	REPORTD	*****	*****		*****	8.5	*****	N/CML	0	1/W	GRAB
PARAM CODE: 006	REQRMNT	*****	*****		*****	NL	*****			1/W	GRAB
PHOSPHORUS, TOTAL (AS P)	REPORTD	0.12	*****	KG/D	*****	0.18	*****	MG/L	0	1/W	24HC
PARAM CODE: 012	REQRMNT	1.9	*****		*****	2.0	*****			1/W	24HC
AMMONIA, AS N	REPORTD	*****	*****		*****	4.4	8.7	MG/L	0	2/M	24HC
PARAM CODE: 039	REQRMNT	*****	*****		*****	38	45			2/M	24HC

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE					
0	0	0		Theodore Schultz		1911004868			
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER			
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211		
				TYPED OR PRINTED NAME		SIGNATURE	YEAR	MO.	DAY

Page 3

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

FACILITY LOCATION 610 Menhaden Rd

FROM

YEAR	MO	DAY	TO	YEAR	MO	DAY
2009	08	01		2009	08	31

TO

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	29.8	31.9	C	0	2D/W	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL			2D/W	IS	
ENTEROCOCCI	REPORTD	*****	*****		*****	2.6	*****	N/CML	0	1/W	GRAB	
PARAM CODE: 140	REQRMNT	*****	*****		*****	NL	*****			1/W	GRAB	
OIL & GREASE	REPORTD	<QL	<QL	KG/D	*****	*****	*****		0	2/M	GRAB	
PARAM CODE: 500	REQRMNT	25	46		*****	*****	*****			2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE						
	0	0	0	Theodore Schultz		1911004868				
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER				
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211			
				TYPED OR PRINTED NAME		SIGNATURE		YEAR	MO.	DAY

Page 4

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road
Glen Allen, VA 23060

FACILITY
LOCATION 610 Menhaden Rd

FROM

VA0003867		003	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
YEAR	MO	DAY	
2009	08	01	
TO			
YEAR	MO	DAY	
2009	08	31	

NO DISCHARGE: X

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM					
FLOW	REPORTD	*****		MGD	*****	*****	*****			CONT	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****					
PH	REPORTD	*****	*****		*****	*****	*****	SU		2/M	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0					
BOD5	REPORTD	*****		KG/D	*****	*****	*****			2/M	24HC	
PARAM CODE: 003	REQRMNT	4300	7700		*****	*****	*****					
TSS	REPORTD	*****		KG/D	*****	*****	*****			2/M	24HC	
PARAM CODE: 004	REQRMNT	110	280		*****	*****	*****					
DO	REPORTD	*****	*****		*****	*****	*****	MG/L		1/DAY	GRAB	
PARAM CODE: 007	REQRMNT	*****	*****		NL	NL	*****					
PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****	KG/D	*****	*****	*****	MG/L		1/W	24HC	
PARAM CODE: 012	REQRMNT	3.0	*****		*****	2.0	*****					
AMMONIA, AS N	REPORTD	*****	*****		*****	*****	*****	MG/L		2/M	24HC	
PARAM CODE: 039	REQRMNT	*****	*****		*****	37	45					

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
				Theodore Schultz		1911004868	
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	

RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		804-453-4211	
	TYPED OR PRINTED NAME		SIGNATURE		YEAR	MO.
					DAY	

Page 5

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

FACILITY LOCATION 610 Menhaden Rd

FROM

YEAR	MO	DAY	YEAR	MO	DAY
2009	08	01	2009	08	31

TO

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL		1/DAY	IS	
COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 442	REQRMNT	*****	*****		*****	NL	NL		1/M	GRAB	
OIL & GREASE	REPORTD	*****			*****	*****	*****				
PARAM CODE: 500	REQRMNT	430	780	KG/D	*****	*****	*****		2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE						
				Theodore Schultz 1911004868						
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TYPED OR PRINTED NAME		CERTIFICATE NUMBER				
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		804-453-4211		
				TYPED OR PRINTED NAME		SIGNATURE		YEAR	MO.	DAY

Page 6

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

VA0003867	995
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

FACILITY LOCATION 610 Menhaden Rd

FROM

YEAR	MO	DAY	TO	YEAR	MO	DAY
2009	08	01		2009	08	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	3.188	4.212	MGD	*****	*****	*****		0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			CONT	EST	
PH	REPORTD	*****	*****		7.32	*****	8.07	SU	0	SD/W	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			SD/W	GRAB	
COPPER, TOTAL (AS CU)	REPORTD	*****	*****		*****	9.3	9.3	UG/L	0	1/M	24HC	
PARAM CODE: 019	REQRMNT	*****	*****		*****	NL	NL			1/M	24HC	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	37.5	42.4	C	0	1/DAY	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	45			1/DAY	IS	
SILVER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	<QL	<QL	UG/L	0	1/M	24HC	
PARAM CODE: 186	REQRMNT	*****	*****		*****	NL	NL			1/M	24HC	
ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		*****	14.5	14.5	UG/L	0	1/M	GRAB	
PARAM CODE: 448	REQRMNT	*****	*****		*****	NL	NL			1/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
	0	0	0	Theodore Schultz			
	<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>			TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211
			TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO.	DAY



Cockrell Creek

REEDVILLE, VA

[illegible]

VA0003867
Part I B 4

Chesapeake Bay Water Quality Monitoring Data

Date	Time of Sample	Predischage						Time of Sample	After Discharge					
		BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt		BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31	15:30	<2.87	6.28	<0.1	27	8.15	16	15:35	<2.87	6.13	<0.1	27.1	8.38	16
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt

Name of Vessel: *Dempster*

Name of Sampler: Ted Schultz

Chesapeake Bay Water Quality Monitoring Data

Date	Time of Sample	Predischarge						Time of Sample	After Discharge					
		BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt		BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31	14:05	<2.87	6.22	<0.1	27.1	8.05	16	14:10	<2.87	6.21	<0.1	27.5	8.31	16
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt

Name of Vessel: Earl Conrad

Name of Sampler: Ted Schultz

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 8/1/09 To 8/9/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz - Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years).

Will E. Dunn 9/10/2009
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 8/10/09 To 8/16/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz - Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years).

Walter E. Duvall 9/10/2009
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 2/17/09 To 2/23/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz - Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Mark E. Smith 2/11/2009
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 8/24/09 To 8/31/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz - Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Theodore Schultz 9/12/2009
Signature of Principal Officer or Authorized Agent / Date

Chesapeake Bay Water Quality Monitoring Data

Date	PredischARGE							After Discharge						
	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31	14:05	<2.87	6.22	<0.1	27.1	8.05	16	14:10	<2.87	6.21	<0.1	27.5	8.31	16
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt

Name of Vessel: *Earl Conrad*

Name of Sampler: Ted Schultz

Chesapeake Bay Water Quality Monitoring Data

Predischarge								After Discharge						
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31	15:30	<2.87	6.28	<0.1	27	8.15	16	15:35	<2.87	6.13	<0.1	27.1	8.38	16
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt

Name of Vessel: *Dempster*

Name of Sampler: Ted Schultz

PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			2D/W	GRAB	
BOD5	REPORTD	14.5	26.9	KG/D	*****	*****	*****		0	2/M	24HC	
PARAM CODE: 003	REQRMNT	470	840		*****	*****	*****			2/M	24HC	
TSS	REPORTD	2.2	2.7	KG/D	*****	*****	*****		0	2/M	24HC	
PARAM CODE: 004	REQRMNT	160	410		*****	*****	*****			2/M	24HC	
COLIFORM, FECAL	REPORTD	*****	*****		*****	1	*****	N/CML	0	1/W	GRAB	
PARAM CODE: 006	REQRMNT	*****	*****		*****	NL	*****			1/W	GRAB	
PHOSPHORUS, TOTAL (AS P)	REPORTD	0.05	*****	KG/D	*****	0.09	*****	MG/L	0	1/W	24HC	
PARAM CODE: 012	REQRMNT	1.9	*****		*****	2.0	*****			1/W	24HC	
AMMONIA, AS N	REPORTD	*****	*****		*****	14.1	15.6	MG/L	0	2/M	24HC	
PARAM CODE: 039	REQRMNT	*****	*****		*****	38	45			2/M	24HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE				
	0	0	0	Theodore Schultz 1911004868				
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER		
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211	
				TYPED OR PRINTED NAME		SIGNATURE	YEAR	MO.

Page 3

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

FACILITY
LOCATION 610 Menhaden Rd

FROM

YEAR	MO	DAY	YEAR	MO	DAY	
2009	09	01	TO	2009	09	30

TO

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM					
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	24.8	28.2	C	0	2D/W	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL			2D/W	IS	
ENTEROCOCCI	REPORTD	*****	*****		*****	91.6	*****	N/CML	0	1/W	GRAB	
PARAM CODE: 140	REQRMNT	*****	*****		*****	NL	*****			1/W	GRAB	
OIL & GREASE	REPORTD	<QL	<QL	KG/D	*****	*****	*****		0	2/M	GRAB	
PARAM CODE: 500	REQRMNT	25	46		*****	*****	*****			2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE					
	0	0	0	Theodore Schultz		1911004868			
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER			
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211		
				TYPED OR PRINTED NAME		SIGNATURE	YEAR	MO.	DAY

Page 4

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

FACILITY
LOCATION 610 Menhaden Rd

FROM

VA0003867		003	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
YEAR	MO	DAY	
2009	09	01	
TO			
YEAR	MO	DAY	
2009	09	30	

NO DISCHARGE: X

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	*****		MGD	*****	*****	*****					
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			CONT	EST	
PH	REPORTD	*****	*****		*****	*****	*****	SU				
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			2/M	GRAB	
BOD5	REPORTD	*****		KG/D	*****	*****	*****					
PARAM CODE: 003	REQRMNT	4300	7700		*****	*****	*****			2/M	24HC	
TSS	REPORTD	*****		KG/D	*****	*****	*****					
PARAM CODE: 004	REQRMNT	110	280		*****	*****	*****			2/M	24HC	
DO	REPORTD	*****	*****		*****	*****	*****	MG/L				
PARAM CODE: 007	REQRMNT	*****	*****		NL	NL	*****			1/DAY	GRAB	
PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****	KG/D	*****	*****	*****	MG/L				
PARAM CODE: 012	REQRMNT	3.0	*****		*****	2.0	*****			1/W	24HC	
AMMONIA, AS N	REPORTD	*****	*****		*****	*****	*****	MG/L				
PARAM CODE: 039	REQRMNT	*****	*****		*****	37	45			2/M	24HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
				Theodore Schultz		1911004868	
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME: Omega Protein - Reedville
ADDRESS: PO Box 175
Reedville, VA 22539

FACILITY
LOCATION: 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
2009	09	01	2009	09	30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
FLOW	REPORTD	3.065	4.254	MGD	*****	*****	*****	0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****		CONT	EST	
PH	REPORTD	*****	*****		6.91	*****	7.88	0	3D/W	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0		3D/W	GRAB	
BOD5	REPORTD	489.3	1554	K.G/D	*****	*****	*****	0	3D/W	24HC	
PARAM CODE: 003	REQRMNT	1700	3100		*****	*****	*****		3D/W	24HC	
TSS	REPORTD	385.1	1402	K.G/D	*****	*****	*****	0	3D/W	24HC	
PARAM CODE: 004	REQRMNT	650	1600		*****	*****	*****		3D/W	24HC	
CL2, TOTAL	REPORTD	*****	*****		*****	NR	NR	0	1/D-D	GRAB	
PARAM CODE: 005	REQRMNT	*****	*****		*****	580	1200		1/DAY	GRAB	
PHOSPHORUS, TOTAL (AS P)	REPORTD	8.3	*****	K.G/D	*****	0.66	*****	0	1/W	24HC	
PARAM CODE: 012	REQRMNT	23	*****		*****	2.0	*****		1/W	24HC	
CYANIDE, TOTAL (AS CN)	REPORTD	*****	*****		*****	<QL	<QL	0	2/M	GRAB	
PARAM CODE: 018	REQRMNT	*****	*****		*****	96	110		2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
	0	0	0	Theodore Schultz		1911004868	
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.)	TYPED OR PRINTED NAME		CERTIFICATE NUMBER				
	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211			
	TYPED OR PRINTED NAME		SIGNATURE	YEAR	MO.	DAY	

Page 1

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

FACILITY LOCATION 610 Menhaden Rd

YEAR	MO	DAY	TO	YEAR	MO	DAY
2009	09	01		2009	09	30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
AMMONIA, AS N	REPORTD	*****	*****		*****	6.86	8.75	0	2/M	24HC	
PARAM CODE: 039	REQRMNT	*****	*****		*****	NL	NL		2/M	24HC	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	38.4	0	1/DAY	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	*****	50		1/DAY	IS	
OIL & GREASE	REPORTD	54.1	379	KG/D	*****	*****	*****	0	3D/W	GRAB	
PARAM CODE: 500	REQRMNT	370	680		*****	*****	*****		3D/W	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS TOTAL OCCURENCES 0 TOTAL FLOW(M. G.) 0 TOTAL BOD5(K.G.) 0	OPERATOR IN RESPONSIBLE CHARGE	
	Theodore Schultz	
	1911004868	
	TYPED OR PRINTED NAME PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE 804-453-4211	
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)		
TYPED OR PRINTED NAME		SIGNATURE
YEAR		MO. DAY

Page 2

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

FACILITY LOCATION 610 Menhaden Rd

YEAR	MO	DAY	TO	YEAR	MO	DAY
2009	09	01		2009	09	30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
FLOW	REPORTD	0.161	0.258	MGD	*****	*****	*****	0	CONT	MEAS	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****		CONT	MEAS	
PH	REPORTD	*****	*****		6.12	*****	7.97	0	2D/W	GRAB	

SU

<small>RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		804-453-4211	
	TYPED OR PRINTED NAME		SIGNATURE		YEAR	MO.
					DAY	

Page 5

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

Piedmont Regional Office
4949-A Cox Road

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

Glen Allen, VA 23060

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

FACILITY LOCATION 610 Menhaden Rd

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	2009	09	01		2009	09	30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	*****	C			
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL		1/DAY	IS	
COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****	*****	*****	UG/L			
PARAM CODE: 442	REQRMNT	*****	*****		*****	NL	NL		1/M	GRAB	
OIL & GREASE	REPORTD	*****		KG/D	*****	*****	*****				
PARAM CODE: 500	REQRMNT	430	780		*****	*****	*****		2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>	BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
					Theodore Schultz	1911004868		
	TYPED OR PRINTED NAME					CERTIFICATE NUMBER		
	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					TELEPHONE	804-453-4211	
	TYPED OR PRINTED NAME					SIGNATURE	YEAR	MO.
						DAY		

Page 6

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

NAME Omega Protein - Reedville
 ADDRESS PO Box 175
 Reedville, VA 22539

VA0003867	995
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FACILITY LOCATION 610 Menhaden Rd

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	2009	09	01		2009	09	30

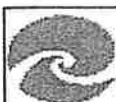
NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	2.708	4.037	MGD	*****	*****	*****		0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			CONT	EST	
PH	REPORTD	*****	*****		6.91	*****	7.88	SU	0	5D/W	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			5D/W	GRAB	
COPPER, TOTAL (AS CU)	REPORTD	*****	*****		*****	5.6	5.6	UG/L	0	1/M	24HC	
PARAM CODE: 019	REQRMNT	*****	*****		*****	NL	NL			1/M	24HC	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	30.5	34.3	C	0	1/DAY	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	45			1/DAY	IS	
SILVER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	<QL	<QL	UG/L	0	1/M	24HC	
PARAM CODE: 186	REQRMNT	*****	*****		*****	NL	NL			1/M	24HC	
ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		*****	12.4	12.4	UG/L	0	1/M	GRAB	
PARAM CODE: 448	REQRMNT	*****	*****		*****	NL	NL			1/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:

PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
	0	0	0	Theodore Schultz		1911004868	
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804-453-4211
				TYPED OR PRINTED NAME		SIGNATURE	YEAR MO. DAY



OMEGA
PROTEIN™

DMR REPORTING

Cockrell Creek

REEDVILLE, VA

Outfall (20' from)	Date	Time	Temp (°C)	pH (SU)	Ammonia (mg/l)	Salinity (ppt)
001	9-Sep-09	8:28	26.3	7.28	0.26	16
002	9-Sep-09	8:20	26.0	7.34	0.20	16
995	9-Sep-09	8:35	27.4	7.28	1.050	16

VA0003867

Part I B 4

Chesapeake Bay Water Quality Monitoring Data

Predischarge								After Discharge						
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp (°C)	pH (SU)	Salinity (ppt)	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp (°C)	pH (SU)	Salinity (ppt)
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30	17:00	<2	9.54	<0.1	21.7	8.09	18	17:10	<2	9.60	<0.1	21.9	8.17	18
31														
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp (°C)	pH (SU)	Salinity (ppt)	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp (°C)	pH (SU)	Salinity (ppt)

Name of Vessel: *Dempster*

Name of Sampler: Ted Schultz

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 9/1/09 To 9/6/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Theodore Schultz 10/19/2009
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 9/7/09 To 9/13/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Theodore Schultz 9/13/09
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 9/14/09 To 9/20/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

*Comments on Noncompliance

Theodore Schultz - Technical Supervisor.
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Theodore Schultz 9/20/09
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 9/21/09 To 9/30/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Theodore Schultz 9/30/09
Signature of Principal Officer or Authorized Agent / Date

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)NAME: Omega Protein - Reedville
ADDRESS: PO Box 175
Reedville, VA 22539

FACILITY LOCATION: 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

YEAR	MO	DAY	YEAR	MO	DAY
2009	10	01	2009	10	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
FLOW	REPORTD	3.056	4.254	MGD	*****	*****	*****	0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****		CONT	EST	
PH	REPORTD	*****	*****		7.34	*****	8.02	0	3D/W	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0		3D/W	GRAB	
BOD5	REPORTD	88.3	361.1	KG/D	*****	*****	*****	0	3D/W	24HC	
PARAM CODE: 003	REQRMNT	1700	3100		*****	*****	*****		3D/W	24HC	
TSS	REPORTD	101.6	192.4	KG/D	*****	*****	*****	0	3D/W	24HC	
PARAM CODE: 004	REQRMNT	650	1600		*****	*****	*****		3D/W	24HC	
CL2, TOTAL	REPORTD	*****	*****		*****	NR	NR	0	1/DAY	GRAB	
PARAM CODE: 005	REQRMNT	*****	*****		*****	580	1200		1/DAY	GRAB	
PHOSPHORUS, TOTAL (AS P)	REPORTD	1.78	*****	KG/D	*****	.20	*****	0	1/W	24HC	
PARAM CODE: 012	REQRMNT	23	*****		*****	2.0	*****		1/W	24HC	
CYANIDE, TOTAL (AS CN)	REPORTD	*****	*****		*****	<10	<10	0	2/M	GRAB	
PARAM CODE: 018	REQRMNT	*****	*****		*****	96	110		2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:

PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
	0	0	0	Theodore Schultz		1911004868	
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>	TYPED OR PRINTED NAME		CERTIFICATE NUMBER				
	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		8044534211		
	TYPED OR PRINTED NAME		SIGNATURE		YEAR	MO. DAY	

Page 1

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

FACILITY LOCATION 610 Menhaden Rd

YEAR	MO	DAY	TO	YEAR	MO	DAY
2009	10	01		2009	10	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
AMMONIA, AS N	REPORTD	*****	*****		*****	.47	.50	0	2/M	24HC	
PARAM CODE: 039	REQRMNT	*****	*****		*****	NL	NL		2/M	24HC	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	33.4	0	1/DAY	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	*****	50		1/DAY	IS	
OIL & GREASE	REPORTD	<10	<10	KG/D	*****	*****	*****	0	3D/W	GRAB	
PARAM CODE: 500	REQRMNT	370	680		*****	*****	*****		3D/W	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE					
	0	0	0	Theodore Schulz					
				TYPED OR PRINTED NAME		CERTIFICATE NUMBER			
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	8044534211		
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		SIGNATURE	YEAR	MO.	DAY

Page 2

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
-------------------	--	--

FACILITY LOCATION 610 Menhaden Rd

YEAR	MO	DAY	TO	YEAR	MO	DAY
2009	10	01		2009	10	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
FLOW	REPORTD	.147	.209	MGD	*****	*****	*****	0	CONT	MEAS	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****		CONT	MEAS	
PH	REPORTD	*****	*****		6.17	*****	7.19	0	2D/W	GRAB	

SU

PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			2D/W	GRAB	
BOD5	REPORTD	2.94	2.99	KG/D	*****	*****	*****		0	2/M	24HC	
PARAM CODE: 003	REQRMNT	470	840		*****	*****	*****			2/M	24HC	
TSS	REPORTD	14.4	27.9	KG/D	*****	*****	*****		0	2/M	24HC	
PARAM CODE: 004	REQRMNT	160	410		*****	*****	*****			2/M	24HC	
COLIFORM, FECAL	REPORTD	*****	*****	KG/D	*****	39	*****	N/CML	0	1/W	GRAB	
PARAM CODE: 006	REQRMNT	*****	*****		*****	NL	*****			1/W	GRAB	
PHOSPHORUS, TOTAL (AS P)	REPORTD	.06	*****	KG/D	*****	.10	*****	MG/L	0	1/W	24HC	
PARAM CODE: 012	REQRMNT	1.9	*****		*****	2.0	*****			1/W	24HC	
AMMONIA, AS N	REPORTD	*****	*****	KG/D	*****	21.0	23.2	MG/L	0	2/M	24HC	
PARAM CODE: 039	REQRMNT	*****	*****		*****	38	45			2/M	24HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:

PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE					
	0	0	0	Theodore Schultz 1911004868					
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER			
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	8044534211		
				TYPED OR PRINTED NAME		SIGNATURE	YEAR	MO.	DAY

Page 3

 PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

 NAME Omega Protein - Reedville
 ADDRESS PO Box 175
 Reedville, VA 22539

 COMMONWEALTH OF VIRGINIA
 DEPARTMENT OF ENVIRONMENTAL QUALITY
 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

 DEPT. OF ENVIRONMENTAL QUALITY
 (REGIONAL OFFICE)

 Piedmont Regional Office
 4949-A Cox Road

Glen Allen, VA 23060

 FACILITY
 LOCATION 610 Menhaden Rd

FROM

YEAR	MO	DAY	YEAR	MO	DAY	
2009	10	01	TO	2009	10	31

TO

 NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
 BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	18.8	25	0	2D/W	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL		2D/W	IS	
ENTEROCOCCI	REPORTD	*****	*****		*****	935	*****	0	1/W	GRAB	
PARAM CODE: 140	REQRMNT	*****	*****		*****	NL	*****		1/W	GRAB	
OIL & GREASE	REPORTD	<10	<10	KG/D	*****	*****	*****	0	2/M	GRAB	
PARAM CODE: 500	REQRMNT	25	46		*****	*****	*****		2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:

PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE					
	0	0	0	Theodore Schultz		1911004868			
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TYPED OR PRINTED NAME		CERTIFICATE NUMBER			
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	8044534211		
				TYPED OR PRINTED NAME		SIGNATURE	YEAR	MO.	DAY

Page 4

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

FACILITY LOCATION 610 Menhaden Rd

VA0003867		003	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
YEAR	MO	DAY	
2009	10	01	
FROM		TO	
		YEAR	MO
		2009	10
		DAY	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
FLOW	REPORTD	*****		MGD	*****	*****	*****				
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****		CONT	EST	
PH	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0	SU	2/M	GRAB	
BOD5	REPORTD	*****		KG/D	*****	*****	*****				
PARAM CODE: 003	REQRMNT	4300	7700		*****	*****	*****		2/M	24HC	
TSS	REPORTD	*****		KG/D	*****	*****	*****				
PARAM CODE: 004	REQRMNT	110	280		*****	*****	*****		2/M	24HC	
DO	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 007	REQRMNT	*****	*****		NL	NL	*****	MG/L	1/DAY	GRAB	
PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****	KG/D	*****	*****	*****				
PARAM CODE: 012	REQRMNT	3.0	*****		*****	2.0	*****	MG/L	1/W	24HC	
AMMONIA, AS N	REPORTD	*****	*****		*****	*****	*****				
PARAM CODE: 039	REQRMNT	*****	*****		*****	37	45	MG/L	2/M	24HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
				Theodore Schultz		1911004868	
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	

<small>RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		8044534211	
	TYPED OR PRINTED NAME		SIGNATURE		YEAR	MO.
					DAY	

Page 5

 PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

 NAME Omega Protein - Reedville
 ADDRESS PO Box 175
 Reedville, VA 22539

 COMMONWEALTH OF VIRGINIA
 DEPARTMENT OF ENVIRONMENTAL QUALITY
 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

 DEPT. OF ENVIRONMENTAL QUALITY
 (REGIONAL OFFICE)

 Piedmont Regional Office
 4949-A Cox Road

Glen Allen, VA 23060

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	

FACILITY LOCATION 610 Menhaden Rd

FROM

YEAR	MO	DAY	TO	YEAR	MO	DAY
2009	10	01		2009	10	31

 NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
 BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****	*****	C			
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL		1/DAY	IS	
COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****	*****	*****	UG/L			
PARAM CODE: 442	REQRMNT	*****	*****		*****	NL	NL		1/M	GRAB	
OIL & GREASE	REPORTD	*****		KG/D	*****	*****	*****				
PARAM CODE: 500	REQRMNT	430	780		*****	*****	*****		2/M	GRAB	

 GENERAL PERMIT REQUIREMENTS OR COMMENTS:
 PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
				Theodore Schultz		1911004868	
	<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>			TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	8044534211
				TYPED OR PRINTED NAME		SIGNATURE	YEAR

Page 6

 PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

 COMMONWEALTH OF VIRGINIA
 DEPARTMENT OF ENVIRONMENTAL QUALITY
 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

 DEPT. OF ENVIRONMENTAL QUALITY
 (REGIONAL OFFICE)

 Piedmont Regional Office
 4949-A Cox Road

Glen Allen, VA 23060

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville, VA 22539

VA0003867	995
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
-------------------	--

FACILITY LOCATION 610 Menhaden Rd

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	2009	10	01		2009	10	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	3.026	4.212	MGD	*****	*****	*****		0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			CONT	EST	
PH	REPORTD	*****	*****		7.40	*****	8.16	SU	0	5D/W	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			5D/W	GRAB	
COPPER, TOTAL (AS CU)	REPORTD	*****	*****		*****	5.2	5.2	UG/L	0	1/M	24HC	
PARAM CODE: 019	REQRMNT	*****	*****		*****	NL	NL			1/M	24HC	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	27.6	36.0	C	0	1/DAY	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	45			1/DAY	IS	
SILVER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	<QL	<QL	UG/L	0	1/M	24HC	
PARAM CODE: 186	REQRMNT	*****	*****		*****	NL	NL			1/M	24HC	
ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		*****	<QL	<QL	UG/L	0	1/M	GRAB	
PARAM CODE: 448	REQRMNT	*****	*****		*****	NL	NL			1/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
	0	0	0	Theodore Schultz		1911004868	
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	8044534211
				TYPED OR PRINTED NAME		SIGNATURE	YEAR MO. DAY



OMEGA
PROTEIN™

DMR REPORTING

Cockrell Creek

REEDVILLE, VA

Outfall (20' from)	Date	Time	Temp (°C)	pH (SU)	Ammonia (mg/l)	Salinity (ppt)
001	6-Oct-09	11:58	23.7	7.73	0.12	19.0
002	6-Oct-09	11:50	23.5	7.88	<0.1	18.0
995	6-Oct-09	12:05	23.7	7.75	0.140	18.0

VA0003867

Part I B 4

4/29/2010

DMR Cockrell Creek Oct 2009.xls

Page 1 of 1

Chesapeake Bay Water Quality Monitoring Data

Date	Time of Sample	Predischage						Time of Sample	After Discharge					
		BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt		BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29	13:05	<2	9.42	<0.1	16.3	7.87	19	13:15	<2	9.25	<0.1	16.2	7.93	19
30														
31														
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt

Name of Vessel: *Landcaster*

Name of Sampler: Ted Schultz

Chesapeake Bay Water Quality Monitoring Data

Date	Time of Sample	Predischarge						Time of Sample	After Discharge					
		BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt		BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29	12:40	<2	9.50	<0.1	16.5	7.98	19	12:50	2.2	9.30	<0.1	16.5	8.21	19
30														
31														
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt

Name of Vessel: *Tideland*

Name of Sampler: Ted Schultz

C B Refrig Water Sample 1 Tideland Oct09.xls

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 10/1/09 To 10/4/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Will E. Donald 11/9/2009
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 10/5/09 To 10/11/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Will E. Smith 11/12/09
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 10/17/09 To 10/17/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

*Comments on Noncompliance

Theodore A Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

William E. Russell 11/9/2009
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 10/19/09 To 10/25/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

William E. Russell 11/12/09
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 10/26/09 To 10/31/09

<u>Paint Area</u>	<u>COMPLIANCE / NONCOMPLIANCE *</u> (check as appropriate)	
_____	<input checked="" type="checkbox"/>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Comments on Noncompliance

Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

William E. Russell 11/01/2009
Signature of Principal Officer or Authorized Agent / Date



6400 Enterprise Court, Gloucester, VA 23061
PH: 804-694-8285, FAX: 804-695-1129
www.coastalbio.com

SAMPLE INFORMATION/CHAIN-OF-CUSTODY (FORM ETF2011D Rev. 10/10/07)

Lab Sample ID
(Lab Use Only)

O m E G O 9 0 4 - A
A A A A Y Y N N A

FACILITY INFORMATION

CLIENT/FACILITY NAME	Omega Protein	CONTACT & PHONE #	Ted Schultz
NPDES PERMIT NO	VA 0003867	OUTFALL # OR LOCATION	002
SAMPLE CHLORINATED?	No	SAMPLE DECHLORINATED?	No
IF CHLORINE PRESENT UPON ARRIVAL AT LAB, DOES PERMIT SPECIFY DECHLORINATION OF SAMPLES?			
TESTS REQUESTED:	SPECIES OR EPA METH #	M. bahia	ACUTE <input checked="" type="checkbox"/> CHRONIC <input type="checkbox"/>
OTHER TESTS:	SPECIES OR EPA METH #	C. varieg?	ACUTE <input type="checkbox"/> CHRONIC <input type="checkbox"/>
see attached.			

A SPECIFIC DILUTION SERIES MAY BE REQUIRED IN THE PERMIT. A DEFAULT SERIES OF 100, 50, 25, 12.5 AND 6.3%, OR CONCENTRATIONS USED IN PRIOR TESTING, WILL BE USED UNLESS INDICATED OTHERWISE. IF IN DOUBT PLEASE ATTACH A COPY OF APPLICABLE PERMIT PAGES.

GRAB SAMPLE INFORMATION

SAMPLE DATE	SAMPLE TIME	SAMPLE VOLUME
-------------	-------------	---------------

COMPOSITE SAMPLE INFORMATION

COMPOSITE START DATE & TIME	9/22/09 08:00	COMPOSITE END DATE & TIME	9/23/09 08:00
TIME OR FLOW PROPORTIONAL COMPOSITE INFORMATION	NUMBER SUBSAMPLES	VOL (ml) SUBSAMPLES	TIME INCREMENT
	SET VOLUME	SET VOLUME	TOTAL VOLUME
	SAMPLE 50ml	1 sample / 1000gal	152,000gal

FOR VARIABLE VOLUME SUBSAMPLES BASED ON FLOW (COMPOSITING "BY HAND") ATTACH SAMPLE AND FLOW INFORMATION ON SEPARATE SHEET

FIELD MEASUREMENTS

DISCHARGE TEMP (°C)	DISCHARGE pH (S.U.)	SAMPLE TEMP (°C)	SAMPLE TRC (mg/l)	DATE/TIME (e.g. 02/23/00 1835)	INITIALS
25.1	6.68	4		9/23/09 8:10	MS

MEASUREMENTS MUST BE TAKEN WITHIN 15 MINUTES OF SAMPLE OR LAST SUBSAMPLE COLLECTION.

COMMENTS:

Theodore Schultz / Technical Supervisor
(PRINTED NAME/AFFILIATION SAMPLER/ANALYST)

Theodore Schultz
(SIGNATURE)

9/23/09
(DATE)

RELINQUISHED BY	DATE	TIME	RECEIVED BY
JR Hall	9/23/09	10:40	D. Dain

SHIPPING METHOD: UPS _____ FEDEX _____ HAND DELIVERY ☒ OTHER _____

CONDITION ON ARRIVAL: ACCEPTABLE ☒ OTHER _____

SAMPLE ARRIVAL TEMP: (°C) 4 ARRIVED ON ICE? YES ☒ NO _____

NOTE: It is the responsibility of the sampler to insure that samples are properly collected, preserved (>0-6° C) and shipped. Sample hold time is 36 h. Additional costs may be incurred by improper preservation, shipping or receipt of samples after 3 p.m. or on weekends and holidays.